information careful... 1 of death clearly and legi item of i

PLEASE WRITE

BINDING

FOR

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF

()	27	41
01		130
g. Dist.	No	

DEA	TH	Act	Reg

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 10/15/47	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 2909 Ritchie Ave.		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? Since 10/15/47	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William A. Agee	216-10-5136		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	20. DATE OF DEATH March 30 19 48 at 6:55P		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of Town 5 1 005	October 15 19 47 10 March 30 19 48		
7. Birth date of deceased (mo., day, yr.) June 5, 1885	and that I last saw h. im alive on March 30 19.48		
8. AGE: Years Months Days If less than one day	Immediair cause of death		
62 9 25hrsmin.	Pulmonary Tuberculosis 9 Mos.		
9. Birthplace Virginia (Town, county, and state)	Due 10		
10. Usual occupation Steel Worker			
	Oue to		
11. Industry or business			
F 12. Name William W. Agee	Dther conditions		
3. Birthplace Virginia	(Include pregnancy within 3 months of death)		
14. Maiden name Callie Ingram	Major findings ol operations		
15. Birthplace Virginia			
16. Informant Deceased	Antopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof april 3, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide		
Cometery or crematory (asklawn) Parkwood	Where did injury occur?		
Location Betto Co. The.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. M. L. Creager & Son	Means of injury injured at work?		
	50 / /		
Address Thurmont, Maryland	23. SIGNATURE P. Co. Beec. M. D. KANK		
19 March 31 19 48 OW Myr Registrar	Address State Sanatorium, Md. Date signed 3/31/48		
i (Date rec d by regimerar)	Name of the Assessment of the		



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SERVICE SERVICE

02742

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Prederick (If outside city or town limits, write RURAL and give nearest town) Della Street No. (If rurnl, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
State Mary land County Prederick City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rurn), give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number
2.(a) If veteran, name war
None
MEDICAL CERTIFICATION
20. DATE OF DEATH. Narch 13, 1948 21 7:5
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Cook Marill 18
and that I last saw h J
Immediate cause of death OUR
Due to.
Dther conditions
(Include pregnancy within 3 months of death) Mojor findings of operations
Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury
23. SIGNATURE PUBLICA BAER M.B., or other

PLEASE WRITE PLAN VS A15

MAR 17 1948

BUREAU V. S

2411 N. Charles St., Baltimore

02743

CERTIFICATE OF DEATH

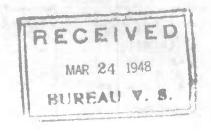
Reg. Dist. No. 13

				-	
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County Frederick					
		mits, write RURAL and give nearest town)	State Maryland Cou	aly Frederick	•••••••••
		lay	Thurmont, Mary (If outside city or town limits	write RURAL and give near	rest town)
Hospital, Institution,	or street address where	death occurred:	Street No.		
Freder	ick Memoria	l Hospital	(If rurn), give		
		ne day	2.(a) If veleran, name war	***************************************	
3. (a) FULL NAI			0	3. (b) Social Security N	lumber
Herbert	t P. Angell				
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	white	widower	March22, 1948		4/304
o (b) Home of bushess	ad as wife	eased	21. I CERTIFY that death occurred on the date abo		sed from
6.(0) Name of nusual			19	to	19
7. Birth date of	0		and that I last saw himalive onMax		19
deceased (mo., da)		31-1883	Immediate cause of death arterio-	sclerotic	DURATION
J. 104.	ars Months	Days If less than one day	heart disease and m		
当 5. 6	4 6	22hrsmin.	insufficiency		6 mone
9. Birthpiace	elour Town,	eounty, and state)	Due to		***************************************
1D. Usual occupation	farmer				*******************
			Due to		******************
1t. Industry or busin ∝	(O) Pr = 11/	Inaell			
12. Name	Durin L	101	Dther conditions		
13. Birthplace	Defour		(Include pregnancy within 3 n	nonths of death)	
14. Maiden nam 15. Birthplace	· Jusur	da - unknown	Major findings of operations		
OW 15. Birthplace	mans	Land.	Major hadings of operations		
	min 214.	lbur Frain	Aptopsy results.		
16. Intermant	1 1 La		PHYSICIAN: Please underline the cause to wh		tatistically.
Address	Sancyto	wa, Ind.	22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
17 Bus	iale (Date thereof Make 2 tt 7 tt 8 (month) (day) (year)	Accident, sulcide, or homicide		
(Buffal, czemati	Willeh.	(month) (day) (year)			
Cemetery or promo	atory spell	La Marchaella del	Where did Injury occur?		(State)
Location	1 Juis	ant Mde;	Injured at home, farm, Industry, public place (wh		
18. Funeral director	m. L.	reager a Soul	Means of Injury	Injured at work?	h- d
Address	Thur	most: md.	23. SIGNATURE	Jearre 1	$\eta.\mathcal{L}$.
19 23 Man	ch 1948	Elizabeth & Heck	Address	M. D. o	
(Date ree d by	I CK (Strat)	registrar	II AUURSS	Dauge Signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The documents is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

VS A15



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PLEASE

BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02744

Reg. Dist. No. 131

County Fre	derick	o la	******************	***************************************	(For newborn infants give residence of mother) Naryland County Frederick		
Cily or town limits, write RURAL and give nearest town) How long in above place of death? Neeks Hospilal, institution, or street address where death occurred: 252 Carroll Parkway				<u></u> I:	(If outside city or town timits, write RURAL and give nearest town)		
				***************************************	2.(a) If veteran, name war None		
3. (a) FULL NAME CELIA GRIM BAKER					3. (b) Social Security Number None		
4. Ssx	5. Color o	or race	6.(a)Singl	e, mersigd, widowed, or divorced	MEDICAL CERTIFICATION		
F	W			77	20. DATE OF DEATH March 3rd, 1948, 21 9:15A		
8.(ò) Name of hu	sband or mile	W1	lliam	Baker	21. I CERTIFY that death occurred on the date above stated: that I at ended accessed from		
				c) It alive, give ageyea	and that I last salv hialive on		
8. AGE:	Years Mon	ths G	Days 19	it less than one day	Immediate cause of death OURATION		
t0, Usual occupa		(Town,	county, and	state)	Due to		
13. Birthplac	e Pen	nsyl	vania Laugh	ma n	Other conditions		
t4. Maiden	Pe:	nnsy.	lvania	1	Major findings of operations. Date of op.		
	Mrs. H 2 Carr			Cramer ay, Frederick,	Actopsy resolts		
n Bur	ial		Date ther	eot 3/5/48 (month) (day) (year) Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
Cemetery or ex				Maryland	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
t8. Funeral direc	ctor	. R.	Etcl	ison and Son	Mesns of Injury Injured at work?		
Address				Maryland	- 23. SIGNATURE A CHARLES M. D.		
19. H Ma (Date rec'd	by registrar)	19.48	13.	lizabeth & Hech	M. D. or other		

MAR 5 1948

BURHAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No. 181
1. PLACE OF PEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or tewn (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran. name war.
3.(a) FULL NAME M. Bo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, morried, wildowed or directed hours morried.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAIN 3 1 19 48 14 40
5.(b) Name of husband or office 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, count, and state) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace	and that flast saw h
14. Malden name	Major findings of operations. Date of op.
Address 17. (Burial, Commission, Commissi	PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Address 19. 31- Vacu. 1948 Elizabetta Registrar) Registrar	Means of Injury 23. SIGNATURE M. D. or other 24. The state of the s

APR 5 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick Frederick Middletown - Rural (If outside city or town limits, write RURAL and give nearest town)
Near Jefferson Hospijal, Institution, or street address where death occurred:
Frederick Memorial Hospital (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) it veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MARY BERTHA BELL None 8.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION march 27 William D. Bell 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from . S.(c) It alive, give age years October 22. 1868 deceased (mo., day, yr.) If less than one day Years 8. AGE: Woodsboro-Frederick-Marvland (Town, county, and state) At Home 10. Usual occupation 11. Industry or business George W. Taylor Reading, Pennsylvania (Include pregnancy within 3 months of death) 14. Maiden name Annie M. Roberts Major findings of operations Frederick County Maryland Charles W. Bell PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Middletown, Md. - Rural 3/30/48 22. VIOLENCE: It death was due to external causes, till in the tollowing Burial Accident, suicide, or homicide accude (month) (day) (year) Cemetery or Tremstorn Reformed Cemetery Jefferson, Maryland Injured at home, tarm, Industry, public place (where?) M. R. Etchison and Son Means of Injury Frederick, Maryland

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MAR 31 1948
BUREAU V. S.

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2411 N. Charles St., Baltimore

02747

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OTHER	A PRINTS	OF	TAR	A PETER A

		CERTIFICAT	TE OF DEATH	Reg. Dist. No	.39
Hospilal, institution.	Freder ate Sanato f outside sity or town lim ace of death? Sinc or street address where de	rium, Mary land its, write RURAL and give nearest town) 2/26/48 alh occurred:	2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State. Mary land County City or town. Baltimore (If outside city or town limits, w Street No. 1705 Olive St	vrite RURAL and give nea	
Marylai	nd Tubercu. or Institution? Sine	losis Sanatorium ce 2/26/48	(If rurat, give LC 2.(a) If veteran, name war		
3. (a) FULL NAI				3. (b) Social Security 216-12-86'	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION	
Male	White	Married	20. DATE OF DEATH March 15	1948	4:45P
7. Birth date of	Conton	Bentz	21. I CERTIFY that death occurred on the date above February 26 1s. 4 and that I last saw h. im. alive on Marc	8 to March	15 19 48
O. MOD.	ars Months 6	Days If less than one day	Pulmonary Tubercu	losis	6 Mos.
9. Birthplace	Stevedor	Mary land sunty, and state)	Due to		
13. Birthplace	William H		Other conditions	the of death)	
# 14. Malden nam	Jennie	Smith	Major findings of operations		
15. Birthplace		re, Maryland	major nugings of operations.		
TO. Intermediate	Deceased		Autopsy results	death should be charged	statistically.
17But	ion, or removal, Which?)	Date thereol //8 49 (month) (day) (year)	22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	Date of	
Cemelery or crem	anne anne	arendel Co, mel	Where did injury occur?		(State)
COESTION		eager & Son + a H ?	Means of injury	tnjured at work?	
18. Funeral director		, Maryland	23. SIGNATURE R 60 Belling		agaagaaga
19. March	16 19 48 registrar)	UN Kyn-Registrar	Address State San atorium	*****	3/16/48

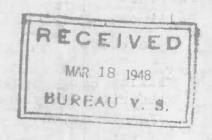
WITH UNFADING INK. Supply every item of information carefu

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WITH UNFADING INK. Supply every item of information carefully ine comportant. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45.15M PLEASE WRITE PLAINLY, is especially

MARYLAND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02748

Reg. Dist. No. 131

1. PLACE OF DEA Freder	TH: Cick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Maryland County			
City or town. (If outside city or town limits, write RURAL and give nearest town)			state Maryland	County F'T'&C	cerick	<u> </u>	
(11.00	toide etty of town a			City or town Frederick (If outside city or town			
How long in above place of Hospital, Institution, or s			***************************************	(If outside city or town	limits, write RURAI	and give ne	arest town)
300 Blo	ck Chape	1 Alle	A	Street No. 722 North M	ISTROL DU	1.991	
How long in hospitat or				2.(a) ff Jeteran, name war World	War I		
3. (a) FULL NAME				11		ial Security	Number
		M CLAR	K BOONE			10-54	
4. Sex	5. Color or race	8.(a)Single, i	married, widowed, or divorced	MEDICAL	CERTIFICA	TION	
M	W		M		h 25th		2:20P
6,(b) Name of husband o	r wife Nel	lie E.	Harris	21. I CERTIFY that death occurred on the da			
		5.(c)	It alive, give age 45	and that flast saw h 1m and that flast saw h	March	25th	19. 48
deceased (mo., day, yr.	Septe	mber 6	, 1893				DURATION
8. AGE: Years	Months	Days	ff less than one day	Coronary Occlus	sion		Immediat
54	5	19	hrsmln.			*****************	***************************************
	nville- Retired	eounty, and ata	ick-Maryland	Due to.			***************************************
1D. Usual occupation		***************************************	•	Due to	•••••		
11. Industry or business	nson Boo	ne					**
量 12. Name			ty Maryland	Dther conditions			•
	Sanah A			(Include pregnancy with	in 3 months of death)	••
14. Maiden name 15. Birthplace			***************************************	Major findings of operations			
			ty Maryland		Date	of op	
	s. Nelli			Autopsy results			
722	N. Mark	et St.	. Frederick . Md	PHYSICIAN: Please underfine the cause	to which death should	he charged	statistically.
Bunial			3/27/48	22. VIOLENCE: If death was due to extern	al causes, fill in the fo	llowing;	
(Burial, cremation,	or removal. Which?	,	(month) (day) (year)	Accident, suicide, or homicide		Date of	
Cemetery or crematory	Mount	Hope C	emetery	Where did Injury occur?(City or to	wn) (Con	ntv)	(State)
Location	Woodsb	oro, M	aryland	Injured at home, farm, industry, public place			
EUCATION			on and Son	Mesns of Injury		at work?	
16. Funeral director	Freder	dole M.	aryland	D. 111.	B. Der	uty N	Medical
Address	Tredal	TOK, MI	aryrand	23. SIGNATURE	Exe	miner	•
" (May)	25 48	Qia	atell Utteck			M, D.	or other
(Date rec'd by regi			Registra	Address Frederick, Ma	aryrand	.Date signed.	3-25-48

MAR 29 1948

BUREAU V. S.

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02749

CERTIFICATE OF DEATH

- Dia No 131

PLACE OF DE	erick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland		
			RURAL and give nearest town)	OHy or town Pleasantvi			
How long in above plac	e of death?	nour	A.				
			ospital	Street No. R. F. D. #1, Har	pers Ferry,	W.Va.	
How long to hospitat of	or Institution?	hour		2.(a) It veteran, name war		V.	
3. (a) FULL NAM		Jane :	Bowers		3. (b) Social Security None	Number	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL (CERTIFICATION		
Female	White	S	ingle	20. DATE DF DEATH March 31,	19.48	4:30P	
			COO	21. I CERTIFY that death occurred on the date a	above stated; that I attended dece	ased trom 3/ - 19 48	
7. Birth date of	Mana		c) It alive, give ageyears	and that I last saw h	5-	31-1148	
8. AGE: Year	yr.) Marc.	Days		Immediate vaure of death	the state of the s		
0	0	0	4 hrs. 15 min.			4/mo.	
			nington Co., Md	Due to			
10. Usual occupation	None			Due to.		***************************************	
11. Industry or busine	None_			-			
			Bowers	Dther conditions		••••••	
			, West Va.	(Include pregnancy within	3 months of death)		
14. Maiden name	Bessie (Cathe	rine Kenney	Major findings of operations			
€ 15. Birthplace	Harpers .	Ferry	rine Kenney , West Virginis s	1	Date of op		
				Autopsy resolts			
AddressR . F .	D.#1, Ha:	rpers	Ferry, W. Va.	22. VIOLENCE: It dealh was due to external of		· · · · · · · · · · · · · · · · · · ·	
17. Buris	1	Date ther	eof April 1 1948 (month) (day) (year)	Accident, suicide, or homicide			
			etery	Whers did injury occur?(City or town			
			erkeley Co. W. V				
	meli		Strace	Msans of Injury	tnjured at work?		
	arles Town			IR	THE	WW	
19 1- april		13	inabite 4++ o.b.	23. SIGNATURE	M, D	or other	

APR 5 1948

BUREAU V. S.

Delivery was made at Deusantrille. Md. Boo. C. E. Prutt

Brunsmick, md.

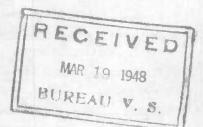
2411 N. Charles St., Baltimere OF DEATH 02750

Reg. Dist. No. ...

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEATH Reg. Di
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City as Assar. (If outside city or town limits, write RURAL Street No. (If rural, give LOCATION) 2.(a) It voteran, name war. 3. (b) Social
4. Sox 5. Color or rice 6.(a) Single, marriad, midered, or discreted Me ale white airgle 8.(b) Name of hueband or wite	MEDICAL CERTIFICATE 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tees than one day 6. Cown, county, and state) 9. Birthpiece Successful Successfu	and that last caw by Six alive on Manager II to II mediate cause of death Due to Due
Address Fuedands Rento # 2 17 (Burial, cramation, or removal Whichi) Date thereot 3/20/4/8 Cemetery or exematory Address Fuedand Registrar 18. Funeral director Fuedand Fuedand Registrar (Date ree'd by registrar) Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should 22. VIOLENCE: If death was due to external causes, till in the to Accident, suicide, or homicide. Where did injury occur? (City or town) (Cou tajured at home, farm, Industry, public place (where?) Means of injury injured 23. SIGNATURE.

,	rural, give LOCATION)
	3. (b) Social Security Number
	3. (0) Social Security Number
rene	The second
MEDI	CAL CERTIFICATION
20, DATE OF DEATH	wh 18 1048 118 A
	the data above stated; that battended deceased from
James	
The state of the s	18 18 18 18 18 4
. /	
Immediate cause of death	
- fy	The Speart Dering 3mo
artenosch	The Heart During Im
Due to	
6	
Mun carlis	I mufficeury.
000 (02.00.00)	
Diher conditions Alone	R- 1+
Dihar conditions	
Stille: Gotte: Holle: Head	
	w within 8 months of death)
(Include pregnance	y within 8 months of death)
(Include programs	
(Include programs	Date of op.
(Include programs	Date of op.
(Include programs	Date of op.
(Include pregnance Major findings of operations. Autopay results. Autopay results. PHYSICIAN: Please underline the	Date of op.
(Include pregnance Major findings of operations. Autopsy results. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to	Date of op.
Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide	Cause to which death should be charged statistically. Date of op
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide Where did injury occur?	Date of op. cause to which death should be charged statistically. external causes, till in the tollowing; gate of
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide Where did injury occur?	Cause to which death should be charged statistically. Date of op
Major findings of operations. Autopsy results. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide Where did injury occur? (Cit	Date of op. cause to which death should be charged statistically. external causes, till in the tollowing; gate ot
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide. Where did injury occur? (Cit tajured at home, farm, Industry, pub	Date of op. cause to which death should be charged statistically. Dexiennal causes, till in the tollowing; Gate ot
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide. Where did injury occur? (Cit tajured at home, farm, Industry, pub	Date of op. cause to which death should be charged statistically. Dexiennal causes, till in the tollowing; Gate ot
Major findings of operations. Autopsy results. PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to Accident, suicide, or homicide. Where did injury occur? (Cit tajured at home, farm, Industry, pub	Date of op. cause to which death should be charged statistically. Dexiennal causes, till in the tollowing: Gate ot y or town) (County) (State)



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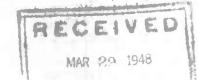
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02751

CERTITICA	Reg. Diat. No
1. PLACE OF DEATH: County City or (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Jestitution, or street address where death occurred:	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County State (If outside city or town limita, write RURAL and give nearest town)
Trederick memorial Hospita	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	. 2.(a) If veleran, name war.
3. (a) FULL NAME Edward F. Brown	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, midewood, or diversed	MEDICAL CERTIFICATION
6.(b) Name of the band or wife Emma B. Brown	20. DATE DF DEATH. March 23, 10 ff., et 1.'00 P. 21. I DERTIEV that death occurred on the date above stated; that I ettended dacased from 18. from March 23, 19. fr.
7. Birth date of deceased (mo., day, yr.) May 28, 1871	and that I leat saw house alive on Thank 2 3 18 44
8. AGE: Years Months Days tiles a than one day 76 9 24	D. A. A. J. J.
9. Birthplace (Town, county, and syste) 10. Usual occupation.	Due to
11. Industry or business	
12. Name Lacol Brown 13. Birthplace M.	(Include pregnancy within 3 months of death)
14. Maiden name Philippele and Smithplace	Majur findings of aperations
16. Informant Sospital Records	Autupsy results
Address Sederce, Md. 17. But of Date thereof March 26, 1948. (Burial, cramation resemped White) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemelery or crange Reformed Cemetery	Where did injury occur?
Location Loc	Injured at home, farm, Industry, public place (where?) Meana of Injury Injured at work?
Address Taney town, and	23. SIGNATURE (I) (I) CLASSE M. D. or other
19. 23 March 1948 Elizabeth 5. Hecks. (Date rec'd by registrar) Registrar	Address Trebus M Date signed 3/23/4+



MUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	TE OF DEATH Reg. Diat. No.
Ounty Alle Company (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town limits, write RURAL and give nearest town) Street No
JAMES WILLIAM	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merriad, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH / RULL 13 19.45 21 656
6.(b) Name of husband or wife Ella Smith 7. Birth date of	
8. AGE: Years Months Oays If less than one day	Immediate cause of death Cheworkage 2 V le
9. Birthplace Frederick County Maryland (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name Unknown	Due to
13. Birthplace Unknown	
12. Name Unknown 13. Birthplace Unknown 14. Malden name Unknown 15. Birthplace Unknown Emergency Hospital Records	(Include pregnuncy within 3 months of death) Major fiudings of operatious. Oate of op.

MAR 17 1948

RUPEAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02753 Reg. Diat. No...

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Deally A	(For newborn infants give residence of mother)
City or town Your Johnsvelle. 1779	State Md. of County trederick
(If outside city of town limits, write RURAL and give nearest town)	City or town. The state of town limits, write RURAL and give nearest town)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No
,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ira Clinton Buffin	slow
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W Married	211 / 11/ 12 1/2/2
11 M I Maries	20. DATE OF DEATH. March 14 1948 at 1/4/9 M
8. (b) Name of husband or wife. Mary & Buffington	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8 (c) Malive, give age 46 years	mont 13 1948 10 moreh 41948
7 Bluth dolo of	and that I last saw h
deceased (mo., day, yr.) 10 - 26 - 18 71	Immediate cause of death
8. AGE: Years Months Days If less than one day	Commany Occlusion
76 4 18hrsmin.	
1 10 11 11 11 hd	7
9. Birthplace (Town, county, and state)	Due 10
7-0	
tD. Usual occupation.	Due to It Kauselm 1940
tt. Industry or business	
12 Name Changedon Buffing for	Other conditions
	Other Conditions
13. Birthplace thederef	(Include prognancy within 3 months of death)
14. Maideo name arbline durier	Major findings of operations
15. Birthplace Controver.	
n 6 10 11 b	Date of op.
16. Informant	Autopsy results
Address Union Bridge M. o.	
h. 4); B .	22. VIOLENCE: If dealh was due to external causes, fill in the following;
(Borial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or cremplory Mana Views	Where did injury occur?
Location Myring Dudge M.	Injured al home, farm, Industry, public place (where?)
18. Funeral director Vasamond T. Washi	Means of injury injured at work?
	7 40
Address	23. SIGNATURE
march 1 (48 Lest & 1/10/20)	M. D. or other
(Date rec'd by registrar) Registrar	Address Cleury 2007 Date signed 4/15/48



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WELF UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02754

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Prederick City or the Prederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or atreet address where death occurred: Prederick Memorial Hospital How long in hospifat or institution? Since January 24, 1948 3. (a) FULL NAME					Street No		
	ا.	1) PTT T				3. (b) Social Securit	y Number
4. Sax	5.	. Color or race		e, married, widowed, or divorced		ertification 12th ₁₉ 48	, 6 P
B. (b) Name of 7. Birth date of deceased (m		WITE		Stockman c) If allve, give age 52 yea , 1888	and that I last saw bear alive on	maid 1	2 19 4
8. AGE:	Years 59	Montha 7	Daya 17	It less than one dayhrs. min	Immedia granse of death Propose Corner Scla	dili-	duration 4 German
1D. Uzuat occi	businesa	Lechan ege Lur	i C	nty-Laryland	Due fo		
14. Maide	n name	lice R	eymolo	is nty Laryland ns	(Include pregnancy within 5		
Address	Adar	nstown,	Mary	land , 3/15/48 (month) (day) (year)	Antepsy results PHYSICIAN: Please underline the cause to vice to the cause to vice the vi	which death should be charge auses, fill in the tollowing;	d statistically.
Cemetery or	cremetory	Lount Preder	Clivei	Cemetery Laryland son and Son	Where did Injury occur?	(County) (where?) Injured at work?	(State)
Address	March	Freder		lizabetho & Hech	23. SIGNATURA TOWARD TO	W. al	or other





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

02755

CERTIFICATE OF DEATH

Reg. Dist. No. 14/

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Omma Lee Some	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wite. 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace. (Town, county, and state)	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attached deceased from 19
11. Industry or business 12. Name Henry B. Beard 13. Birthplace 14. Malden name Emma Amelia Barrdak 15. Birthplace Uliquica	Due to
16. Informant Ablest L. Campbell Address Brunswick Md	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, eremation, or removal. Which?) Date thereof. May. 14. 1948. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Cometery or crematory Location Peterselle Manyland	Where did injury occur?
18. Funeral director Co. N. Feete & Bus Address Bussision Mary land.	Means of Injury Injured at work?
19. Mar 13 1948 Hathryn N. Brown (Date ree'd by registrar) Registrar	Address Date signed 9/2/4

MAR 17 1948

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VS A15

2411 N. Charles St., Baltimore

02756

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.		
I. PLACE OF DEATH: Sounty Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
lly or town Emmitsburg, Maryland (If outside city or town limits, write RURAL NEAR and give town) treet address, hospital, or institution: St. Joseph's Central House	State Maryland County Frederick Emmitsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)		
y in hospital or inst. (yrs., or mos., or days) 8 years	Street No. StJoseph's - Central - House(If rural give LOCATION)		
tay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR		
B. (a) FULL NAME	3. (b) Social Security Number		
Carlin, Sister Philomena (Rosalia (Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Religious	Clara Carlin) MEDICAL CERTIFICATION 20. DATE OF DEATH MANCH 28 MANCH 28		
3 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
6(c) It alive, give ageyears	1946 19 10 Much 5 10 78		
Birth date of deceased (mo., day, yr.) January 1, 1860	and that I last saw he alive on March 26 19		
. AGE: Years Months Days It less than one day	Immediate cause of death		
88 2 27hrsmin	Caremona Color 6 mo		
Birthplace Phila., Penna. (Town, county, and state) D. Usual occupation Teaching	Due to		
	Due to		
1. Industry or business 12. Name William John Carlin	- Handande at		
12. Name New Jersey	Other conditions Mysewalle avoired also desenviolence are als		
14. Maiden name Anna M. Delore 15. Birthplace Ireland	(Include Fregnancy within 3 months of death) Major tindings: Please underline the cause to whice		
16. Informant Sister Assistant Address St. Joseph's Central House	death should be charged statistically.		
Burial Burial Bate thereof Man 30 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory St. Joseph's Private Cemetery Emmitsburg, Maryland	Where did injury occur?(City or town) (County) (State)		
Location			
18. Funeral director & L. Cellison Address Emmi Pelevia Mds 00	Means of Injury Injured at work?		
moh 29 1948 t Mit Shull	23. SIGNATURE ALL STATES		
(Date rec'd by registrar)	Address Multiplication Date signed Ly 4		



APR 1 1948

BUREAU V. S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

02757 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I	terick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Prederick		
1 Line	and ami alz	imite write I	RURAL and give nearest town)		ouety I GUGL'I	
How long in above pl Hospital, institution, Preder	iace of death?	death occurre	d: ospital	City or tausant (If outside city or town limits, write RURAL and give nearest town) Street No. 300 Middle Street (If rural, give LOCATION) 2.(a) It veleran, name war. None		
	al or institution?		***************************************	2.(a) it veleran, name war.		
3. (a) FULL NA	IME IMRI J	ALE C	ARTER		3. (b) Social Securi	ity Number
4. Sex	5. Color or race	6.(a)Sing	le, merriet, widowed, or divorced	MEDICAL O	CERTIFICATION	
F	C		***	2D. DATE DF DEATH March	16th 1948	10:55
	and or May 2	6.0	(c) It alive give age year	21. I CERTIFY that death occurred on the date a	bove stated; that f attended d	eceased from
	ay, yr.) May 2 ears Months	Days	1 If less than one day	Immediate cause of death		1 4 -
8. AGE: Y	The same of the sa	21	hrs. min.	Cerebral Hemorre	roge	4000
1D. Usual occupation	Waitre	SS		Due to		
13. Birthplace	Pittsbur	gh, P	ennsylvania	Dther conditions		
14. Maiden na 15. Birthplace	Gertnid Pittsbur	e Haw gh, P	kins ennsylvania	(Include pregnancy within a		
16. Informant	łussell Ja	ckson		Antonsy results		
				PHYSICIAN: Please underline the cause to		red statistically.
n Buria		Date the	reot 3/19/48	22. VIOLENCE: tf death was due fo external c Accident, suicide, or homicide	Date of	(State)
		At chi	son and Son	Msens of injury	injured at work?	
Address			aryland	Bernon	& Hernas	2. M. D.
19. \ \ (Date rec'd by	Oncla 1948	93	izabette J. Heck	23. SIGNATURE Address Prederick, Mar	M.	D, or other

MAR 19 1948 BUREAU V. S.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02758

CERTIFICATE OF DEATH

3 Reg. Dist. No...

I. Place of Death: Frederick	(For newborn infanta give residence of mother)
Frederick	state Marylam county Frederick
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime Hospital, Institution, or street address where death occurred: 120 East Patrick Street	City or town Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 120 East Patrick Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war None
3. (a) FULL NAME JOHN HENRY CLARK	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH. March 13th 19 48 21 9:45 Am
6.(b) Name of hysbend or wife Stannie Dixon Clark 6.(c) It alive, give age 62 years 7. Birth date of deceased (mo., day, yr.) January 26, 1866	21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 18. 4 F., to March 13 19. 4 P. 21. I OFFIFY that death occurred on the date above stated; that I attended deceased from 22. I OFFIFY that death occurred on the date above stated; that I attended deceased from 23. I OFFIFY that death occurred on the date above stated; that I attended deceased from 24. I OFFIFY that death occurred on the date above stated; that I attended deceased from 25. I OFFIFY that death occurred on the date above stated; that I attended deceased from 26. I OFFIFY that death occurred on the date above stated; that I attended deceased from 27. I OFFIFY that death occurred on the date above stated; that I attended deceased from the date above stated in the date above stated from the date abo
8. AGE: Years Months Days tt less than one day 16	4.c. hours
9. Birthplace Frederick County, Maryland (Town, county, and state) 10. Usual occupation Retired Farmer 11. Industry or business 12. Name John Clark 13. Birthplace Ireland 14. Maiden name Anna Catherine Dennis	Due to
14. Malden name Anna Catherine Dennis 15. Birthplace England	Major fiadings of operations.
16. Informant Mrs. John H. Clark	Autopsy results
Burial (Burial, cremation, erremoval, Which) Date thereot March 16, 1948 (month) (day) (year)	22. VIOLENCE: tt death was due to externat causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or commeters Mount Olivet Cemetery	Where did injury occur?
Location Frederick, Maryland	tnjured at home, farm, industry, public place (where?)
18. Funeral director C. E. Cline & Son	Means of injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE To M Ameth
19. 15 March 1848 Elizabeth y Heck: (Date rec'd by registrar)	Address Fredurics ma Date signed 3-13-46

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MARYLAND STATE DEPARTMENT OF HEALTH

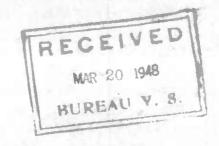
2411 N. Charles St., Baltimors

CERTIFICATE OF DEATH

Reg. Dist. No. 131

. 02759

1. PLACE OF DEATH: County	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For new-forn infanta giva realdance of mother) Siale
Mr. Edward Wellian Clift	223-14-9954
4. Sex 5. Color or race 8.(a) Single, married, widowed, or directly White Widowed 8.(b) Name of massaud or wife Certalla Gudd Clift	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred An the date above stated; that I attended deceased from Hell C. 18. 4. 5. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
7. Birth date of deceased (mo day, yr.) 8. AGE: Years Month Gays It less than ene day	and that I last saw h
10. Usual occupation	Dua to
13. Birthplace Gage Country, Va.	Other conditions (include pregnancy within 8 months of death)
14. Maiden name Borismo Bloten 15. Birthplace Page County, Va.	Major findings of operations. Date of op.
Address Charlotterilles, Va.	Autopsy results
(Burial, exemption, or removal Which?) Cemeiery or cramatory. Quald Burial God	22. VIOLENCE: 11 daath was due to external causes, fill in the following: Accident, suicida, or homicida
Location Reinfell, U.S.	Injured at home farm, Industry, public place (where?) Maana of Injury Injured at work?
18. Funeral director. C. A. S	23. SIGNATURE CANADAM M. D. or other Address DO SO SS



2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, marriet, widowed, or divorced white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 1948 21 6 30
8. AGE: Years Months Days It less than one day 8. Sirthplace That Post (Town, county, and state) 10. Usual occupation. Results of the county	and that I last saw h MMA alive on 1977. Immediate cause of death DURATION Due to Due to Selevative Arrano Other conditions Seneralized Arrano Selevative Arrano
14. Maiden name Virginia Board 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major findings of operations
Address Middletown Md 17. Germation, or removal. Which? Cemetery or crematory Location Date thereof Man. 16, 194 Location Date thereof Mon. 16, 194 Location Date thereof Mon. 16, 194 Location Date thereof Mon. 16, 194 18. Funeral director. Date date of Mon. 16, 194 18. Funeral director. Date date of Mon. 194 18. Funeral director. Date of Mon. 194 18. Funeral director directo	Autupsy results
Address Middletown, Md. 19. Mary 16. 19. 4.2. Main Aladina. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Address Date signed 3-15-

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

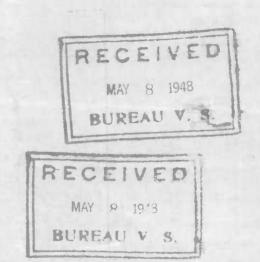


02761

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county traderick	ned Tandonal
(If outside city or town limits, write RURAL and give nearest town)	state County 200
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Blanche Weller Go	mer -
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. W. Widow	20, DATE OF DEATH 27 27 1948 at 2
8.(b) Name of husband or wite Harvy PEonner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 1937 10 24ar 27 1948
7. Birth date of	and that I last saw h and alive on 2401. 261 1948
deceased (mo., day, yr.) CeA . L 7 . 9 8 8 A.G.F. Years Months Days If less than one day	Immediate cause of death My DURATION
- 2	
3-9 5 3hrsmin.	-
8. Birthplace (Town, county, and state)	Due to.
10. Usual occupation House 21/12	Que 1o.
11. Industry or business Own It does	Jue 10.
12. Name Charles Tree	Other conditions
≤ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden naper aura Zumerman	Major fiedings of operations.
15. Birthplace 200.	Bate of op.
16. Informant Mrs. Helen Wolfe	Autopsy results.
Address Johnsville Myd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 may 30 1948	22. VIOLENCE: 11 death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or arematory faculty	Where did injury occur?
Location Liberty town 24d	Injured at home, tarm, industry, public place (where?)
18. Funeral director Porclet & Hartiler	Means of Injury Injured at work?
21/ 18 / 201	OFis B. Stone
Address Noorsboro Ma	23 SIGNATURE
19 May / 16+8 Cladenson	P-1 + T- M. D. or other
(Date rec'd by refristrar)	Address Date signed you 22/19



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MARYLAND STATE DEPARTMENT OF HEALTH

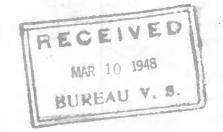
2411 N. Charles St., Baltimore 40 CERTIFICATE OF DEATH

02762

Reg. Diat. No. ...

1. PLACE OF DEATH: County rederick City or two (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Rospital, institution, or street address where death occurred: Frederick Memorial Rospital How long in hospital or institution?					State Maryland CHy or tewn Frederi (If outside city Near Ro	ck-Rural R. F. or town limits, write RURAL and cky Spring (If rural, give LOCATION)	D. #5 give nearest town)	
3. (a) FULI	NAME	MINNI	I IDE	LLA CRIBES		3. (b) Social Se	curity Number	
4. Sex		. Color or race		e, married, wi dowed, or dirorced	MEI 20. DATE DF DEATH	March 8th		
6.(b) Name of 7. Birth date of deceased (m	1	Dav Januar	6.(Crebbs c) If alive, give age	ars and that I last saw h.e.Yalive	on the date above stated; that I attend y 18 4 8 10 8 N on 7 March anicarditis	18 rch 19 48	
8. AGE:	Years 68	Months 2	Days 6	If less than one day	Immediate cause of death	ion	Lwh.	
1D. Usual occ	upation		county, and	ick-Maryland	Due to	achtoria	2 7101	
14. Maide	n name	Lvelyn ennsvlv	Murph; ania	У	Major findings of operations	ancy within 3 months of death)		
16. Informant.			*****************	derick, Md.	Autopsy results			
Cemetery or	oremalory		t III.	eof 5/10/48 (month) (day) (year) Cemetery ngs, Maryland	Accident, suicide, or homicide Where did injury occur?	to external causes, fill in the following Bate o City or town) (County) ubic place (where?)	(State)	
Location 18. Funeral di Address	rector	a Ra I	tchis	on and Son aryland	Masons of Injury	Injured 21 wo	rk?	
18. (Date rec	d by regist	194 &	اغ	isabethy Heck	Address Prederick	, Maryland Date	M. D. or other signed 3-8-48	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore 1640

CERTIFICATE OF DEATH

02763

Reg. Diat. No.

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick City or Em Frederick, Maryland (If outside city or fown limits write RURAL and Fiv 200, 1948) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? 2 weeks			State Maryland County Frederick City or term. Brunswick (If outside city or town limits, write RURAL and give nearest town) Street No. 5 East E Street (If roral, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAM Charl	E Les H. Darı		3. (b) Social S	ecurity Number	
4. Sex male	5. Color or race white	6.(a)Single, married, widowed, or stronged widower	MEDICAL CERTIFICATION 20. DATE OF DEATH March 20, 1948		
6.(b) Name of husband 7. Birth date of	0.4	ased Eliza Jane Holmio 6. (c) It allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I after NEVER 19		
8. AGE: Year		Days If less than one day H min.	Immediate cause of death SHOCK + CONCUSSION		
9. Birthplace	retire	eounty, and state) P.R. Bulliusu Sunforlaine	Due to BILATERAL TRACTURES AND CALCANEUS Due to Dither conditions		
14. Maiden name 15. Birthplace	Unku	and and	(Include pregnancy within 3 months of death) Major findings of operations		
Address 17	wysll	Date thereof Male 23 1948 (month) (day) (year)	Autopsy results. PHYSICIAN: Plesse coderline the cause to which death should be 22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide. Accident, suicide, or homicide. Where did injury occur? REDERICK, REDICTOR (County) Injured at home farm, industry, public place (where?) Mans of injury JUNPED FROM UNDOW injured at where the cause of injury JUNPED FROM UNDOW injured at where the cause of injury JUNPED FROM UNDOW injured at where the cause to which death should be caused to which d	charged statistically. 18: 120 MARCH 1948 M.D. (State) MEM. HOSP.	
19.21 Marc	l 1948	Elizabetto & Heck-	23. SIGNATURE		

Tuy 1642

MAR 24 1948
RUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore / 53

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or term (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 1. Week Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital	State Maryland county Was Its Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution? 1 Week	2.(a) If veteran, name war		
3.(a) FULL NAME Blanche Churchey Davis	3. (b) Social Security Number 218-24-7683		
4. Sex 5. Color or race 6.(a) Single married, who wed, or divorced Fe male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH 9 19.48 at 12:45 M		
6.(6) Name of husband or Robert Davis 6.(c) Name of husband or Robert Davis 6.(c) If alive, give age 20 years 7. Birth date of deceased (mo. day vr.) December 15, 1927	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 48, to Warren 9 19 48. and that I last saw h S		
deceased (mo., day, yr.) December 15, 1927	Immediate cause of death OURATION Acute despussery Chewood of death		
9. BirthplaceSharpsburg-WashMd(Town, county, and state) 10. Usual occupationLaboror 11. Industry or business Dress FactoryHagerstown, Md 21. NameJohn Fergerson 33. Birthplace Mt. Briar-Md	Oue to		
14. Maiden name Dorothy Churchey 15. Birthplace Sharpsburg, Md 16. Informant Mrs. Ernst McCoy	(Include pregnancy within 3 months of death) Major fiadiogs of operations		
Address Sharpsburg, Md 17 Burial Date thereof 3 12 1948 (Burial, commatter, or removed, Willeli) (month) (day) (year) Cemetery or commatter, Mt. A. View.	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other		
19. (Date rec'd by registrar) 19. 4.8. Chabilly 9. Registrar	Address F Date signed 3.9. K 8		

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MAR 13 1948

BUREAU V. S.

PLEASE WRITE

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02765

Reg. Diat. No. / 3

1. PLACE OF DEATH: County Frederick City or town Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? 3/4/48	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Frederick City or Team Brunswick (If outside city or town limits, write RURAL and give neurest town) Street No. 119 Sixth Avenue (If rurul, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Mrs. Ollie M. Dinterman	3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH MANCH 19 1948 at 12 P. M.
6.(b) Name of husband or John C. Dinterman 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 1893	21. I CERTIFY that death opcurred on the date above stated: that I attended deceased from 19. 4 1. 10. 10. 10. 10. 10. 10. 10. 10. 10.
8. AGE: Years Months Days If less than one day	mediate cause of death burnarion Develop
9. Birthplace	Due to Sulfations Districts hells tus
14. Maiden name Unknown 15. Birthplace 16. Informant Le Roy Dinterman	(Include pregnancy within 3 months of deuth) Major fiedings of operations Dale of op. Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Drumsmile Nd. May 23/94. 17. Burial Date thereof. May 23/94. (Burial, cremation, Whip?) Kleights Cemetery or overatory Cark Neights Company of the company of t	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. C. H. Jute + B.J. Address Brussinels, mayland 19. 19 March 19.44 Chyaluth & Hech. Registrar	Msens of Injury Injured at work? 1. Signature M. D. or other M. D. or other

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MAR 23 1948

BUREAU V. S.

age .

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH 93d

2411 N. Charles St., Baltimore

02766

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

county trederick				State Maryland County Frederick			
City or town Frederi	ck					, rrederick	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(If outside ci	vrite RUR.	AL and give nearest town)	City or term Frede	erick	write RURAL and give ne	***************************************	
How long in above place of death	u's		(if outside	city or town limits,	write RURAL and give ne	DotatioleCh	
Hospital, Institution, or street as			. Patrick St.	Street No. Francis	S DCO CO Ne	y novel, n.	I avi Toy Do-
				100	(if rural, give L None	OCATION)	
How long in hospital or Institution	on?			2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME						3. (b) Social Security	Number
	THERESA					None	
4. Sex 5. Colo	r or race 6.(4	a)Single, mo	arried, widowed, or divorced.	N	MEDICAL CE	RTIFICATION	
Female W	hite	Wid	owed	20, DATE OF DEATH	March 9th	19 48	4:00 Am
a (1) None of horizont or wife	Alexande	r B.	Eger	21. I CERTIFY that death occu	urred on the date above	etated; that lettended deci	eaced from
				Janeh &			
7. Birth date of			alive, give ageyears	and that I last eaw h	alive on 111	uch 9	19.4/
deceased (mo., day, yr.)	April 12	, 186	5	immediate cause of death		,	
8. AGE: Years M	onths Da	ays	It less than one day				
82	10 2	6 -	hrsmin.	angua O	edins		3 degree.
New	York			Due to System	inclinat	ie blesst	
9. Birthplace	(Town, county	, and atat	e)		/		
10. Usual occupation	usewife						
				Due fo		*******************************	***************************************
11. Industry or business	Cabalan				Ph		7 /
里 12. Name JOSAUS	courter			Other conditions		emunica.	a acy
₹ 13. Birthplace Germ	any			(Include pr	Verman	/	
14. Maiden name Unk	nown	ğ.			p.		
		.j		Major findings of operations			
15. Birthplace Unk	nown					Oate of op	
16 Informant Mrs. J	ohn R. Ho	lt		Autopsy results And	sel.		
10.111011101110111	ick, Mary			PHYSICIAN: Please underli	ine the cause to whi	ch death should be charged	statistically.
			Manch 11 101.9	22. VIOLENCE: If death wa			
(Burial, eremation, or rem			March 11, 1948 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	vergreen	Cemet	ery	Where did Injury occur?			
Location	rooklyn,	New Y	ork	Injured at home, farm, indust	try, public place (whe		Jee
1B. Funeral director	E. Clin	e & S	on	Meane of Injury		Injured at work?	h _/
	rederick,	Mary	rland	as SIGNATURE (- at	Teasne 11	7. 2) -
9 March	1048	El:	Slette G. Heck.	23. SIGNATURE	, h		or other
(Date rec'd by registrar)	13		Registrar	Address Jaldu	reck, 110	A Date signed	1.7.1.



FUN No. G 115 MAY 3 - 1948 CERTIFICA	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (I
County	State Munifican
City or town	
How long In above place of death? 20 400	City or town(If outside city
Hospital, institution, or stroot address where doath occurred:	Street No
Allest Petomac S	
How long In hospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Lewis Howard Everhan	/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	ME
make white manued	20. DATE OF DEATH. 1 May
Reim Wind	21. I CERTIFY that death occurre
6.(b) Namo of husband or wife	Morch, 2
7. Birth dato of 2/1 slive, give age 70	ears and that I last saw h CM ali
7. Birth dato of deceased (mo., day, yr.) 21/ay 22 6, 1873	
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 73 10 8hrs.	
Vizainia	
9. Birthplace(Town, county, and state)	Duo to
10. Usual occupations Transling Can agent De D. P.R.	
Policid	Duo to
11. Industry or Business	•••••••••••••••••••••••••••••••••••••••
12. Name Alandam Everinas	Other conditions
ZI 13. Birthplace	(Include pregr
14. Maiden name Callelling Juni Copol	Major findings of operations
15. Birthplace Mary land	
m. Durin M Face Lax	Actorsy yesults
16. informant	PHYSICIAN: Please ouderline
Address 3 Minne	22. VIOLENCE: If death was d
(Rurial cremation or removal, Which?) (Burial cremation or removal, Which?) (Burial cremation or removal, Which?)	Accident, suicide, or homicide
	Whore did Injury occur?
Comotory or crematory.	
Location Augustina IIII	Injured at homo, farm, Industry,
18. Funoral director Co. Re. Fellow Bills	Means of Injury
1 711	1.10
Addross Mismound Mid	23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please ouderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Whore did injury occur?(City or town) Injured at homo, farm, Industry, public place (where?) Injured at work?

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BUREAU V. 8.

2411 N. Charles St., Baltimeore

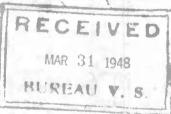
02768

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CERTIFICAT	E OF DEATH Reg. Diat. No. 13
County C City or Journal (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Male White Infant	MEDICAL CERTIFICATION 20. DATE DF DEATH. March 26 19 48 21 10 25
6.(b) Name of husband or wife 5.(c) If alive, give age	21. I CERIHFY that death occurred on the date above stated; that Lattended deceased from 19 14 to 19 14 19 18 18 18 18 18 18 18 18 18 18 18 18 18
12. Name Chatles M. Cyler 13. Birthplace Mary Man	Dither conditions (Include pregnancy within 8 months of death)
14. Maiden name Bernice Grosswick/s 15. Birthplace 16. Informant Dan March Survey Address Survey 17. Burel Dan Date thereof Alle 28-48	Major fieldings of operations. Date of op. Autopsy resofts. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremation or emoyal, White) Cemetery or eremators Location 18. Funeval director has a second of the control of the	Accident, suicide, or homicide
13 March 2 7 1948 Elizabeth & Helle Registrar	23. SIGNATURE AND AND ADDRESS OF THE PROPERTY

PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an FOR BINDING RESERVED MARGIN PLEASE WRITE VS A15

age



WARGIN RESERVED FOR BINDING

A15 NS PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessing especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore : 140

CERTIFICATE OF DEATH

1. PLACE OF I	ierick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Laryland County Prederick			
City or town	If outside city or town lin	mits, write RURAL and give nearest town)	Lime Kiln	Lime Kiln		
How long in above pl	ace of death?	Years	(If outside city or town Jimits, write RURAL and give nea	rest town)		
nospiizi, inatiiulion,		geath occurred:	Street No			
How long in hospita	or Institution?		11			
3. (a) FULL NA	ME		3. (b) Social Security Number			
		ED.ARD FEAGA				
4. Sax	5. Color or race		MEDICAL CERTIFICATION			
11	77	757	20. DATE OF DEATH Merch 24th 19.48	7:30		
8 (h) Name of Australia	Bert	ie M. Baer	21. I CERTIFY that death occurred on the date above stated; that I attended dece	aged from		
g.(c) Name of wast			19	19		
7. Birth date of deceased (mo., da	Dece	mber 24, 1869				
8. AGE:	ay, y1.,/		Immediate cause of death	DURATION Immedia:		
Y	78 3	0 hrs.	min.			
11. Industry or busi			Due to			
12. Name	Charles E.	reara	Dther conditions			
13. Birthplace	Frederic	k County Maryland	(Include pregnancy within 3 months of death)			
뜀 14. Maiden na	me Martha	Nickel k County Maryland e Peara	Major findings of operations.			
15. Birthplace	Frederic	k County Maryland				
16. Informant	Irs. Berti	e Peara	Antopay results.	00011001010111001100110011001		
	Lime Kiln.	Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
	L		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
(Burial, eremai	tion or removed Which!	Olivet Cemetery				
Cemetery or cres	Frada	mi als We nule and	Whera did injury occur?			
Location	r rede	rick, Maryland	Injured at home, farm, industry, public place (where?)			
18. Funeral directo	r	Etchison & Son		Medica		
Addresa	Frede	rick, Maryland	Mxamir	er		
. 25-7	Narch 1944	Elizabeth & Hed	23. SIGNATURE M. D.			
(Date rec'd by	y registrar)	Regis	Address Frederick, Maryland Date signed.	0-34-48		

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MAR 29 1948

BUREAU V. S.

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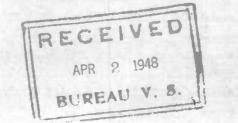
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()277() Reg. Diat. No. /40

1. PLACE OF DEATH Coucly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
How long in hospital or institution?	2.(a) If veteran, come war
3. (a) FULL NAME Florence Elsie G	3. (b) Social Security Number
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. 21 married	20. DATE DE DEATH. 70 4 8 st 6 A. M
6.(b) Name of husband or wife Shire. The street of the str	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from O. L. 9. 460. 19. 10. 20. 14. 19. 48. and that I last saw b. 27. alive on 20. 4. 1. 3. 19. 4. 4.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
5. Ada.	Strantian due to arlino
9. Birlhplace Frederich Co. 2112	Due to.
10. Usual occupation	Bue to
12. Name Is have Justice Smith 13. Birthplace Myd.	Other conditions
14. Maiden name Juna Tr. Bedwidge 15. Birthplace 14. Maiden name Juna 15. Birthplace	Major findings of operations. Date of op.
16. Informant Edvin 7. Gersey	Antonsy results.
Address Woodsboro 29d.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
12 mind man 11 191,50	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Borial, cremation, cremoral, Which) Date thereof. (month) (day) (year)	
Cemelery or crematory	Where did injury occur?
Location De 18 26 t	Injured et home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director.	Do when a
Address 200000000000000000000000000000000000	23. SIGNATURE Come M. D. or other
(Deta road du registror)	Sturment And gate climan 3/15/48



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Rog. Dist. No. 138		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
s. (a) Post Manuel	Social Security Number		
4. See 5. Color or race 6.(a) Single, married, willowed, or divorced Female White Surger	MEDICAL CERTIFICATION 20. DATE OF DEATH MARY 22 19 48 14 4 A		
8. (b) Name of bushard or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. m 9. Birthplace (Town, county, and state)	Immediate cause of death DURATION		
10. Indostry or basiness	Due to		
12. Hame fair Harish 13. Birthplace fur york 14. Haiden name fielty largeman	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op.		
18. Informati Riggs Cottag Samles	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Carried Company C	Where did injury occur? (City or town) (County) (State)		
18. Funeral director. Jakob Harriers Sonal. Address 1756 Venna Inc., N., 21 19. Maria 22 18 45 Jacob Registrar) Registrar	23. SIGNATURE 2412 2 M. D. or other M. D. or other 222		

CERTIFICATION OF A SHIPTERS

APR 9 1948

BUREAU V. S.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH 528×

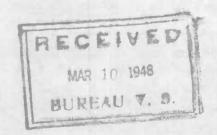
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02772

			121
Reg.	Dist.	No	3

County. The defends the control of county. City or term. (If outside city or town limits, write RURAL and give nearest town) Now long in above place of dealh?. Nospital, positivition, or street address, where dealh occurred: The defends the county. Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 2. (c) If relevan, name war. 3. (a) FULL NAME 3. (b) Name of probable or wite 1. Social Security Number 2. (c) If alive, give age. 5. (c) If alive, give age. 6. (c) If alive, give age. 6. (d) Home of probable or wite 1. Surface. 1
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital Institution, or street address where dealh occurred: Street No. (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred: Comparison Compa
Hospital Institution, or street address where death occurred: Street No. (If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 2. (5-07-9860 4. Sex 5. Color or race 5. Color or race 6. (c) Sample, married, widowest, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. M. M. L.
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 7/5-07-9860 4. Set 5. Color or race 6. (d) Simple, married, widowed, or divorced 4. Set 5. Color or race 6. (d) Simple, married, widowed, or divorced 4. Set 6. (b) Name of institution? 6. (c) Name of institution? 7. Birth date of 6. (d) If alive, gire age 5. 22 years and that I last saw h. Minalive on 1. March 19. 48. 8. AGE: Years (f) online Days It less than one day 8. AGE: Years (f) online Days It less than one day 9. Birthplace Old Foundation, and taken Duration 9. Birthplace Old Foundation, allegance D. M. Due to 1. March 19. March
3. (a) FULL NAME 4. Set 5. Color or race 6. (d) Simple, married, widowed, or divorced 7 / 5 - 0 / - 9860 4. Set 5. Color or race 6. (d) Simple, married, widowed, or divorced MEDICAL CERTIFICATION 19
4. Sex 5. Color or race 8. (a) Simple, married, widowes, or divorced white white waved 20. DATE DE DEATH. My and 19. 48. at 4: O.S. P. M. M. MEDICAL CERTIFICATION 20. DATE DE DEATH. My and the state of the date above stated; that I attended deceased from 1. Co. M.
4. Ses 5. Color or race 8. (d) Simple, married, widowed, or divorced wall white wared 20. DATE DE DEATH. March 19. 48. at 4:05 P. m. 8. (b) Name of mahased or wife. Years (a) Individual to the date above stated; that I attended deceased from 10. 48. 8. AGE: Years (b) onlike Days If less than one day 19. 48. 9. Birthplace. Old James and state) 10. Usual occupation. Mullida & Mulling American Significant Control of the date above stated; that I attended deceased from 10. 19. 48. 11. Industry or business 12. Name. Horizon American Significant Signif
8. AGE: Vears Honihs Days It less than one day 9. Birthplace Old Lawre and state) 10. Usual occupation Miller American States 11. Industry or business 20. DATE OF DEATH. Mysich 19. 47. 18. 14. 1.0.5 P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 10. 6. March 19. 48. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 10. 6. March 19. 48. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 10. 6. March 19. 48. 22. DATE OF DEATH. Mysich 19. 47. 10. 6. March 19. 48. 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 48. 25. DATE OF DEATH. Mysich 19. 47. 26. AGE: Vears 19. 47. 10. 6. March 19. 48. 26. AGE: Vears 19. 47. 10. 6. March 19. 48. 27. DURATION 19. 48. 28. AGE: AGE: Vears 19. 47. 10. 6. March 19. 48. 29. Birthplace Old Journal occupation Miller 19. 47. 20. DATE OF DEATH. Mysich 19. 47. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I august 19. 47. 22. AGE: AGE: AGE: AGE: AGE: AGE: AGE: AGE:
8. AGE: Vears Honihs Days It less than one day 9. Birthplace Old James and state) 10. Usual occupation. Milling that works and state) 11. Industry or business 20. DATE DF DEATH. Mysich 19. 48. 14. 1.05 P. M. 21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 1 and 19. 48. 21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 1 and 19. 48. 21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 1 and 19. 48. 22. DATE DF DEATH. Mysich 19. 48. 19. 48. 19. 48. 19. 47. 19. 48. 19. 47. 19. 47. 19. 48. 21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 1 and 19. 48. 19. 47. 1
5.(b) Name of makes or wife
1. Birth date of deceased (mo., day, yr.) fully 27 1885 8. AGE: Years Months Days If less than one day Immedia: cause of death DURATION 9. Birthplace Old Journ County, and state) 10. Usual occupation Millier & Mil
7. Birth date of deceased (mo., day, yr.) July 27, 1885 8. AGE: Years Months Days It less than one day Immedia: cause of death. 9. Birthplace Old Journ Olleganer O. M. 10. Usual occupation Millis & Millstrack 11. Industry or business 12. Name Journ Olleganer B. 13. Birthplace Old Journ Olleganer B. 14. Due to Differ conditions. 15. Differ conditions.
B. AGE: Years (Nonlhs) Days If less than one day Solithplace
8. AGE: Years Fooths Days If less than one day 9. Birthplace Old Journ Alleganer D. M. 10. Usual occupation Miller & Miller and state) 11. Industry or business 12. Name Jeorge Yourn Alleganer B. 13. Birthplace Old Journ Alleganer B. 14. Signification Difference of the Journ Alleganer B.
9. Birthplace Old Javen and state) 10. Usual occupation Millier + Millorainflet 11. Industry or business 12. Name Jeorge Hartwork 13. Birthplace Old Journ Allegancy B.
9. Birthplace. Old Journ alleganes B. M. Due 1a. Caramon of bladder 9 months (Town, county, and state) 10. Usual occupation. Millis + Millowringlet 11. Industry or business 12. Name. Floring Hartsock 13. Birthplace Old Fours Alleganes B.
10. Usual occupation. Millier & Millerringlet 11. Industry or business 12. Name. Florge Hartwork 21. 13. Birthplace Old Fourn Allegancy B.
10. Usual occupation. Millier & Millerringlet 11. Industry or business 12. Name. Florge Hartwork 21. 13. Birthplace Old Fourn Allegancy B.
11. Industry or business 12. Name Floring Hartsock Dither conditions Industry of the form Dither conditions Dither conditio
11. Industry or business 12. Name Floring Hartsock Diher cooditions Diher coodit
12. Name George Hartsock Other conditions translages, due to
Include pregnancy within 3 months of death)
14. Maiden name Adeline Living Major findings of operations. Major findings of operations. Major findings of operations. Date of op.
18. Informant Acopsy results. PHYS1CIAN: Please moderline the cause to which death should be charged statistically.
Address (Wa & Roll and Ole ma.
Berrial Date thereof March 91948 22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremotion or removal. Which?) Oate thereof. (month) (day) (year) Accident, suicide, or homicide
Cemelery or example That Charactery (City or town) (County) (State)
Location Walkersville, mal injured at home, farm, industry, public place (where?)
18. Funeral director. The Bartons Means of Injury Injured at work?
7 /-
Address Walkersvelle and.
M. D. or other
19. D. March 19. U.S. Charles Address Wallers le Ma Date signed & March 48



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02773

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Trederick City or term (If outside city or town limits, write RURAL and give nearest town)					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
					State Maryland County Frederick		
Hospital, institutio					Street No. Tower Anartme	ents	
Frede	ri cl	k Lemor	ial Ho	ospital	Street No. (If rural, give	LOCATION)	
		- Sin	ce Fel	0. 16, 1948	lone	DOMINION	
		titution?			2.(a) If veteran, name war		
3. (a) FULL N	AME				3. (b) Social Security Number		Number
		ROGER	Fluilli.	LIN HECK		214-10-52	54
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
M		4 ° 7	S		l'arch	10, 1948	6 P
	- 1				20. DATE OF DEATH.	19	, at
# (h) Name of hus	hand or v	ulfo			21. I CERTIFY that death occurred on the date abo		
					Jel 1 19.		
7. Birth date of	************	T - 2222 - 25	5.(¢) If alive, give ageyears	and that I last saw harmalive on Ma	rch 10	194
decenned (mo.,	day, yr.)	Januar	J LES	1873	Immediate canse uf death		
8. AGE:	Yearn	Months	Days	if lese than one day	Immediate cause of death		
	73	7	18	hre. min.	Cerebal Guen	6	
						My To	I amy
9 Birtholace	red	eriel-a	reder	ick-Maryland	Due to		
1D. Unual occupa	tion	Retired	- bale	sman	Due to arteries clars	nes	
					Due to	•••••	
11. Industry or bu	ninesii	on D .TT	anlr.	-	7	hle . L	11.
볼 12. Name	the sale of	an R. H	0014	1 - 25 - 3	Dther conditions		
13. Birthplace	e 112	shingto	n Cou	nty Maryland	(Include pregnancy within 3		
E		Loretta	Hilt	on			
E 14. Maiden	ame	ald nata	n Mari	Another Manerland	Majer findings of operations.	***************************************	
∑ 15. Birthplac	e ii.	SHILIFU	II COU	ito, mary tailu		Date of op	
16 Informani	Ch	arles K	. Hec	on nty Maryland K	Autepsy results. Three		
TV. HITUINIERI	(1)	unah Ct	Dan	odeniak Md	PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.
				ederick, Md.	22. VIOLENCE: If death was due to external case	ises, fill in the following:	
, Crema	tio:	n Temovat, Which	Date there	of 3/13/48 (month) (day) (year)	Accident, suicide, or homicide		
(Buriat, crem	ation, or	removal. Which?					
Bometer) or cr	emalory	Fort I	incoli	n Crematory	Whern did injury occur?(City or town)	(County)	(State)
		Washin	gton.	D. C.	Injured at home, farm, industry, public place (w		
Location					•	Injured at work?	
tR Funeral direc	tor	R.	Etchi	son and Son	Mnnnn of injury	Injured at Work?	
				Maryland	111	47	T. T
Addresn		110001			23. SIGNATURE	Sears M. D	
19 has	I al	19 4 Y	99	isabeth & Heck.			
(Date rec'd	by regist	rar)		Registra	Address Frederick, Mar	yland Date signed	0-11-48

RECEIVEL MAR 17 1948

BUREAU V. S.

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1. PLACE OF DEATH:

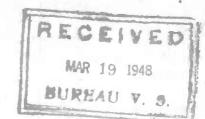
MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02774

2411 N. Charles St., Baltimore 93d 1 1 4 MAR 22 1948 CERTIFICATE OF DEATH

	***************************************	(For newborn infants give residence of mother)	
	***************************************	City or town (If outside city or town limits, write, RURAL and give nearest town) Street No. Lontovae	
	***************************************	(If rural, give LOCATION) 2.(a) If vsteran, nams war.	
		3. (b) Social Security Number None	
race 6.(a)Single	, married, widowsd, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. March 13th 19 48 31 11 A	
6.(0	e) If alive, givs agsysa	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ### ### ############################	
	If less than one day	Immediate cause of death DURATION Cove prainthrombosis 2 days	
(Town, county, and a None	ng	Ous to Astorio - Selevotre Cardio - Do cular Disease Due to (Campleto Heart block) Other conditions	
an Crum rick Coun ue Record	ty Maryland Is	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Date there formed Ge fferson, R. Etchi ederick,	month (day) (year) metery Maryland son and Son Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicids, or homicide	
	ARD HERRI ARD HERRI ARD HERRI Annie Cr Annie Cr Solve 10 Ch County (Town, county, and a None A. Herri rick Count an Crum rick Count ue Record Frederick Onte there formed Ce fferson, R. Etchi ederick,	Annie Crum S.(e) If alive, givs ags	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02775

CERTIFICATE OF DEATH

2 HOHAL DECIDENCE (MOME) OF DECEASED.

1. PLACE OF DEATH: County A C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County August County		
How long in above place of death? 45 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where doubt occurred:			
	Street No(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (g) FULL NAME			
Hattie Rogers Hildel	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE OF DEATH ME 1-01 30 19 4 8 21 3 8:		
Success 24.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband earlie	april 2 194 4 10 March 30 1948		
7. Birth date of years	and that I last saw h de alive on march 29 1848		
deceased (mo., day, yr.) Feb 2 / 1870			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
79 / 9nin.	A man the second		
9. Birthplace Martinshurg 21. Va	Due to		
2 las . a . O levil			
1D. Usual occupation.	Due to		
tt. Industry or business			
E 12. Name Benjanin Ilane	Diber conditions		
12. Name Denjamin Marlane 13. Birthplace Wartinsburg 21. Va.			
	(Include pregnancy within 3 months of death)		
並 14. Maiden name.	Major fiedings of operations		
14. Maiden name Millie Marshall 15. Birthplace Martinsburg 21. Va.	Date of op.		
ma noli Patha I Day			
16. Informant 1000	Autopsy results		
Address Thederick Md;			
17. Burial Date thereof Upril 1, 1948	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, carmation, or removal. Which;) (month) (day) (year)	Accident, sutcide, or homicide		
Cemetery or commetery Dauls Cometery	Where did Injury occur? (City or town) (County) (State)		
Paral La Janie b. Al	tnjured at home, farm, industry, public place (where?)		
Location Location			
18. Funeral director Gladhill Co.	Means of Injury Injured at work?		
Address La Middletown Md.	Botherings		
212 0 0 00 0 00 1 11 11 11	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Preducish Md Date signed 3/31/4-8		

At Transier Co. a man of same to Hobbie Regardallanderda to make excellent your a week 125 was 1076 RECEIVED APR 5 1948 SUREAU Y. S. muscletter of 18 st

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02776

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Flin	derick danstown-R (If outside city or town I place of death?	death occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) HONE 3. (b) Social Security Number		
			STA HILL		None	
4. Sex	5. Color or race		e, married, widowed, o r divorced	MEDICAL C. 20. DATE DF DEATH WOLL	ERTIFICATION 2 19 48 1/0.44-1	
6.(b) Name of hue	Del	la Bo	vie	21. I CERTIFY that death occurred on the date ab	7	
7. Birth date of deceased (mo.,	Tralen	6.(6	e) If alive, give ageyears	the second of th	on anch 7 10 1848	
8. AGE:	Years Months	Days	if less than one dayhrsmin.	Inmediate cause of deeth	DURATION	
1D. Usual occupa	Labor Islness John V. Hi	county, and s		Due to		
13. Birthplace	Frederic	.Malte lt Cour	nty Maryland	Autopsy results	Date of op	
Address R .		Adam	stown, Md.	PHYStCIAN: Please underline the cause to which death should be charged stotisticolly.		
Burial Bate thereof 3/10/48 (Burial, cremation, or removal, Whichi) (month) (day) (year) Cemetery or **semetery* Hope Hill Cemetery				22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		
Location	Near Urba M. R. Freder	Etchi	aryland son and Son Maryland	Injured at home, tarm, Industry, public place (w		
19. (Date rec'd)	uh 1948	13	izaletto y. Hech. Registrar	23. SIGNATURE	M. D. or other Bate signed 3.8.43	

MAR 10 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick Braddock (If outside eity or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
MRS. EDNA IRENE MILLER HOFFMAN	None
Female White Widowed, or divorced Widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH March 4th 1948 46:30 A
6.(b) Name of husband or Leonard B. Hoffman 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 68 6 10 hrs. min. 9. Birthplace Middletown, Frederick Co., Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name John Edward Miller 13. Birthplace Frederick County, Maryland 14. Maiden name Sara C. Pressler	Due to Diher conditions. Direction alive on the property of death)
14. Maiden name Sara C. Pressler 15. Birlhplace Germantown, Ohio 16. Informant Mrs. Clarence Covell Address Nr. Laurel, Maryland	Major findings of operations
Burial (Burial, organism, organism, Mount Olivet Cemetery Location Frederick, Maryland	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director C. E. Cline & Son Address Frederick, Maryland 19. 5 March 19.4% Elizabeth & Registrar (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE Address Fredry Date signed work? Injured at work? Address Fredry Date signed work?

MAR R 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

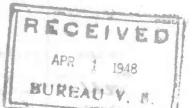
2411 N. Charles St., Baltimore

02778

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1) PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanfe give yieldence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mozylong County Fridrick
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No. A. F. H. F.
How long In hospital of Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3.(b) Social Security Number
Roger Lee Jones	
4. Sex 5. Color or race 6.(a) Single/married, widowed, or sivoices Wall	2D. DATE OF DEATH SEARCH 30 19 8 2/1, 10 A
6.(b) Name of husband or wite	21. LOERTHEY that death occurred on the date above stated; that I attended deceased from 28. 19.48, to
7. Birth date of deceased (mo. day, yr.) Warch 28 - 1948	and that I last saw him alive on Thurst 29 19 40
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
0 0 /	Conjented Heave
9. Birthplace Frederick Trederick County, Md	- Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name Lester ones 13. Birthplace Lyrant, Vincines	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Melli Brosles 15. Birthplace Luca Villiania	Major findings of operations.
E . O. Hart Rose &	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address the Service March 30-1546	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, secondarion, or removed, Whitehi) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location The devices R. J. V.	Injured at home, farm, industry, public place (where?) Missins of Injury Injured at work?
18. Funeral director 210. Machine Suppl	10 , 71 / 000
Address Montenes Home: Tredenilo Co. Mk.	23. SIGNATURE ATWARD O'CLAL MY.
19. 30 March 1944 Elisaleth S. Heck.	Address Fredlick, May Date of 51/48.



The correct age

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The cespecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02779

CERTIFICATE OF DEATH

er Dist No / 3 2

1. PLACE OF DEATH: County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Management County And
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married 6.(b) Name of husband or wife Carrie 7. Teller 6.(c) If alive, give age 5. years	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from 1947, to 1047, 20, 1948. and that I last saw h 177, allive on 1948.
deceased (mo., day, yr.) Gully 28, 1889 8. AGE: Years Months Days If less than one day 7 2 2hrsmin.	Immediate cause of death
9. Birthplace Middletown Frederick C. Ind. (Town, county, and state) 10. Usual occupation. Janney 11. Industry or business	Due to Ordio Renal Assace 2 718 Due to
12. Name Edgar & Taller 13. Birthplace Migersvelle Md. 14. Maiden name Firmie Shank 15. Birthplace Middletown Md.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Carre D. Keller Address Middletown Ind	Autopsy results
17. Burial, cremation, or remoyal. Which?) Cemetery or crematory. Left. (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director Shakhll Commandates Middletown Md	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE.
19. march 14 4 8 maise Gladlice	M. D. or other M. D. or other

BUREAU V. S.
APR 3 1948

Albert J. Keller

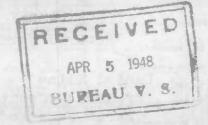
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

02780

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick County Frederick-Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Frederick Frederick The state of		
How long in above place of death? 11 Months Hospital, institution, or street address where death occurred: Near: Charlesville How long in hospital or institution?		(If outside eity or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) None 2.(a) If veteran, name war.			
3. (a) FULL NA	AME	LUTHER KLINE		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
M	W	W	20. DAYE OF DEATH March	31st, 19 48 , 6:30P	
R (h) Nama at bush	rand or wife Lill	ie Mayne	21. I CEBTIFY that death occurred on the date abo		
	Oatobe	6.(c) If alive, give ageyears	and that I last saw hammalive on Mon	65 10 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19 60 19	
8. AGE:	rears Months 5	Days If less than one day 21hrsmin.	Immediate casts of death	9w/2 /36	
9. Birthplace	Retire	ounty Maryland ecunty, and state) d Farmer	Due to Duy column	1. Esjen	
11. Industry or bus			- O		
里 12. Name	Daniel Kli	ne County Maryland	Other conditions		
₹ 13. Birthplace	Frederick	County Maryland	(Include pregnancy within 3 n	nonths of death)	
14. Maiden na	"Sarah Ja Frederick	ne Redmond County Maryland	Major findings of operations		
44 total	Mrs. Arthu	r F. Masser	Antoney results		
I ALL R	F. D. #3.	Frederick, Md.	PHYSICIAN: Please underline the eause to wh	hich death should be charged statistically.	
Buri	al	Date thereof. 4/2/48	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
Cemetery or czemetery Rocky Springs Cemetery			Where did injury occur?(City or town)		
location N	ear Freder	ick, Maryland	Injured at home, farm, industry, public place (wi		
- Coverion	M. R. E	tchison and Son	Means of Injury	Injured at work?	
1B. Funeral direct Address	Frederi	ck, Maryland	Fix- He	du M. D.	
19. Date reck b	U 1948	Elizabeth y Heck	23. SIGNATURE / C. / J.	yland Date signed 4/1/48	



02781

CERTIFICATE OF DEATH

				arlea St., Baltimore / 07		7 = 7
			CERTIFICA	ATE OF DEATH	Reg. Diat. No	TOT
1. PLACE OF DEATH: County. Proderick City or team. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: South Market Street How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Raryland County Frederick City or tessen (If outside city or town limits, write RURAL and give nearest to Street No. 65 South Market Street (If rural, give LOCATION) 2.(a) It veteran, name war 1.0110			
3. (a) FULL NA	ME PAUL E		ALIILI		3. (b) Social Securi	ty Number
4. Sex	5. Color or race	6.(a)Single, man	ried, widowed, or divorced		al CERTIFICATION	S at S &
	Optob		live, give agey:	and that I last saw hwarralive on	19.48 10 3-23 3-23-	195
8. AGE: Ye	8 5		less than one day			
1D. Usual occupation 11. Industry or busing the second se	studer mess Public Paul P. Lo Carroll (nt c School eather	aryland	Due to	within 3 months of death)	
10. tillormant	Philadely Lirs. Elmen	phia, Pe r T. Mor	nnsylvania ningstar	Major fiadings of operations	Date of op	
17. Buria. (Burial, cremet	Mount Freder	Date thereof Clivet rick, Ma	3/25/48 (month) (dey) (year) Cometery ryland	PHYSICIAN: Please underline the car 22. VIOLENCE: It death was due to ex Accident, suicide, or homicide	ternal causes, till in the tollowing; Date ot r town) (County) place (where?)	(State)
18. Funeral director Address 19. 2.3 Mg (Date rec'd by	Freder	rich, ma	n and Son ryland Littly Heck	23. SIGNATURE 2. 2	Reuse M. I	D, or other

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

			121	
-	Dist	No	101	

OERTH TOTAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Otty or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Starle, married, widowed, of directed	MEDICAL CERTIFICATION
ne Widowed	20. DATE OF DEATH March 21 19. V8 31 10 A.
8.(c) Name of the stand or wife. Horence Diety 7. Birth date of S. (c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) November 20, 1874	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate vause et deato.
73 4 /hrsmin.	Cerebral Lemonhace
3. Sirthpiace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business Our Visungo	
12. Name aaron Leister 13. Birthpiace marylands	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sophia Jouet dester	Major findings of operations.
2 15. Birthpiace Mayland.	
18. Informant Land Lesser	Autopsy results
Address Westminster, nd.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, examples, of removal, Willelm) (Burial, examples, of removal, Willelm)	Accident, suicide, or homicide
Cemetery or crematory Alexand Ladley Cametary	Whers did injury occur? (City or town) (County) (State)
Location & Landard Walley Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director C. D. Fussil Law	Msans of Injury Injured at work?
Address Janes town md.	Afrega
19. 21 March 1848 Elizabeth & Hech- (Date red'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 3/21/V

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PERASE

RECEIVED

MAR 24 1948

BUREAU Y. S.



Frederick

(If outside city or town limits, write RURAL and give nearest town)

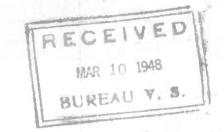
2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Frederick-Rural

Maryland

PLACE OF DE	ATH: erick			
ror love Tre	derick-Ri	aral l	R. P. D. #2 RURAL and give nearest town)	••••
spital, institution, or	e ot death? r street address where			••••
loar U	rbana	*************	••••••	
w long in hospital o			***************************************	
(a) FULL NAM		or Corr	VIN LENHART	
Sex	5. Color or race		la, married, widowad, or diversed	_
301	3. 00101 01 Face		M	
				_
(b) Name of husband	or wite. Effi	e Elle	en White	
			69	
		G.(c) It alive, give age 69	yea
Birth date of deceased (mo., day,	yr.) Pebrua	ry 24	, 1880	
		Days	I It less than one day	-
AGE: Year	s Months	паув	It less than one way	
68	O O O O O O O O O O O O O O O O O O O	14	y Maryland	ml
8 Irthplace	ederick (Town, Parmer	Count;	y Maryland	
8 Sirthplace	ederick (Town, Parmer	County	hrs. y Maryland atate)	, ml
3. Usual occupation. 1. Industry or busines 12. Name	Pederick Farmer wis Lenh Frederic	Count; county, and	y Maryland state) nty Maryland	, ml
8 Sirthplace	ederick (Town, Farmer Wis Lenh Prederic Harriet	County, and	y Maryland state) nty Maryland er	, ml
8 Sirthplace	ederick Farmer wis Lenh Frederic Harriet Frederic	art k Count t Bak k Coun	y Maryland atate) nty Maryland er nty Maryland	, ml
8 Sirthplace	ederick Farmer wis Lenh Frederic Harriet Frederic	art k Count t Bak k Coun	y Maryland atate) nty Maryland er nty Maryland	. ml
Sirthplace	ederick Farmer wis Lenh Frederic Harriet Frederic rs. 2f1i	County, and art k County t Bak k County e Leni	y Maryland atate) nty Maryland er nty Maryland	. ml
8 Sirthplace	Farmer Wis Lenh Frederic Harriet Frederic rs. Iffi	county, and art k County t Bak county t Bak Fred	mty Maryland er nty Maryland er nty Maryland hart erick, Md.	
Sirthplace	ederick Farmer wis Lenh Frederic Harriet Frederic rs. 2ffi D. "2,	county, and art k County t Bak c County t Bak fred pate ther therefore therefore	nty Maryland er nty Maryland er nty Maryland hart erick, Md.	ml
8 Sirthplace	Parmer Secondarick Farmer Farmer Frederic Harriet Frederic C. D. #2, Mount	county, and art k County t Bak k County e Lend Fred , Date ther Olive:	hrs. y Maryland atate) nty Maryland er nty Maryland hart erick, Md. (month) (day) (year) t Cemetery	. ml
Sirthplace	rederick Farmer Wis Lenh Frederic Harriet Frederic rs. Effi D. #2, Mount Freder	county, and art k County t Bak k County e Lend Fred Date ther Olive ick,	mty Maryland er hty Maryland er hty Maryland hart erick, Md. (month) (day) (year)	
8 Sirthplace	Pederick Farmer Wis Lenh Prederic Harriet Frederic rs. 2f1i D. #2, Mount Freder Freder	art k County and t Bake k County Pred Oliverick, Etchi	mty Maryland er hty Maryland er hty Maryland hart erick, Md. (month) (day) (year) t Cemetery Maryland	, ml

	3. (b) Se	cial Security N	umber
	CERTIFIC		
20. DATE OF DEATH March	8th,	1948	7:30
21. I CERTIFY that death occurred on the dat	e above stated; tha	it attended decease	ed trom
4 0 /	19.45 10/	4 10	5 (4)
and that I last saw h		7	19.4
mmediate cause of death			OURATION
Common	(00,1	a tran	14
// *///			cay
Holen &	anny		1-1
Jue to Arterio S	in lerosis) km
Due to			0
	***************************************		***************
Other conditions	***************************************		
(Include pregnancy with	in 3 months of dea	th)	
Major findings of operations			
dajor nagings of operations			
***************************************	······································	ate of op	
Autopsy results	to which death she	ould he charged st	atistically.
22. VIOLENCE: If death was due to externa	al causes till in the	following	
Accident, suicide, or homicide			
Whers did injury occur?(City or to	wn) (C	ounty)	State)
njured at home, farm, Industry, public plac	e (where?)		
	tnju	red at work?	
Missis of Injury			



CERTIFICATE OF DEATH

CERTII	Reg. Dist. No
1. PLACE OF DEATH: County City or town limits, write RURAL and give rearest to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) Stets County Own)
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
The derick Mersonial Hospital	Sireel No. 3 3 (If rural, give LOCATION)
How long in hospital or institution? 323,45	2.(a) It voleran, name wer
B. (a) FULL NAME Lloyd M. Z	3. (b) Social Socurity Number
Frale White Married widowed of diverge	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
8.(b) Name of wife Arsa Will #\$ 8.(c) If alivo, give age	21. I CENTEY that deally perferred on the date above sigled: that hattonded deceased from
7. Birth date of deceased (mo., day, yr.) 424 23 1899	and that I last saw because live on
8. AGE: Years Months Days If less than one day	min. A cute Carray Shranton 2 wee
9. Birthplace Prown, Sounty and State Of O	Due to
10. Usual occupation and the second occupati	Duo te. Alleria derica
12. Name 22114 2214 2214 2214 2214 2214 2214 22	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 1911a 110gl	Major findings of apercians Lading Date of op.
16. Informant Man Assac They are	Autopsy results. Autopsy results. Autopsy results the cause to which death should be charged statistically.
Address Summing MA	22. VIOLENCE: If death was due to external causes, till in the following:
(Burish, commercian, or remove which) (Burish, commercian, or remove which)	year) Accident, suicide, or homicide
Cemelery or exemetry and Hughes	Where did injury secure (Oity or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director 4. Teffold 300	Means of injury injury injury at work?
Address / Brummk Md	23 SIGNATURE Of a Cleare M. D.
29 have we still the	A SIGNATURE K. D. og other

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MAR 31 1948

BUREAU V. S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 3

1. PLACE OF DEATH: County Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County 1 Tede!	LCA	0 -0)	State Maryland County Frederick		
Frederick — Quad (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime				City or team. (If outside city or town limits, write RURAL and give negreet town)		
				2.(4) If reterall, walke war		
3. (a) FULL NAME					3. (b) Social Securit	y Number
	MARION	C. LI	TTLE		Nore	
4. Sex	5. Color or race	6.(a)Sing	a, massied, widowed, or divorced	MEDICAL C	ERTIFICATION	
Mol-	White	360	idowed	Wanah 2	222	0.30 1
Male				20. DATE OF DEATH. March 2		
6.(b) Name of husbands	or wife Saral	n Louis	e Speaks	21. I CERTIFY that death occurred on the date at	bove stated; that I attended de	ceased from
				Jan. 1		
7. Birth date of	3/		c) If alive, give ageye	and that I last saw h.f. Malive on	March 21	19.48
deceased (mo., day, y	r.) May	10, ? 19	381	Immediate cauge of death	•	
8. AGE: Years		Days	It less than one day	Corbral Hemon	liage	11 west
65 ?	?	?	hrs m	in.		1
E	adami als C	ounter.	Manuel and		***************************************	*****
9. BirthplaceFr	ederick of	county, and	atate)	Due to	***************************************	****
10. Usual occupation	Retire	d Paint	er		~::	
10. Usual occupation			***************************************	Dua to		
11. Industry or business					•••••	••••
当 12. Name	Don't Kn	OW	*****	Other conditions		****
13. Birthplace	Don't Kn	OW .				
100				(Include pregnancy within 8	months of death)	
14. Maiden name	Don't Kn			Major findings al aperations		
14. Maiden name	Don't Kn	OW				
	oords Fra	danide	Co. Home	Autopsy results		
				PHYSICIAN: Please underline the cause to	which desth should he charge	ed statistically.
Address W.	of Frede	rick, N	id •			
. Burial		Pote that	(month) (day) (year)	22. VIOLENCE: If death was due to external ca		
(Burial, comation	Various Which			Accident, suicide, or homicide		
Cometery or cremato	Mount	Olivet	Cemetery	Where did injury occur?(City or town)	(County)	(State)
	12 .			Injured at home, farm, Industry, public place (
Location				••••	tniured at work?	
18. Funeral director	C. E.	Cline &	Son	Meane of injury	injured at WORK?	
		ick. Ma	aryland	D	Heunas L.	7. 1
Address		-0		23. SIGNATURE Sernard	() comes 1.	M. W.
10 25 ma	ul 1948	13	rabette 5. Heck	2Oox - V-	///d M. I	7 7 7 1.1
(Dote needd by no	orietra r)		Registr	FAT Address Tuevully	Wico. Date signe	13/23/Y



MAR 29 1948

RUREAU V. S.



CERTIFICATE OF DEATH

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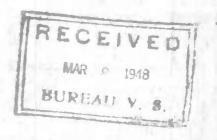
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MARGIN

131

	Reg. Diat. No	
1. PLACE OF DEATH: County Fracerick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or term (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred: Frederick Move long in hospital or institution?	State Maryland County Addersor	rest town)
	2.(u) it veteran, name war	
3. (a) FULL NAME TW. Levi P Lucas	3. (b) Social Security I	686
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION	
male white married	20. DATE DF DEATH March 5 1948	3:30/
6.(b) Name of successful or wife Mrs. anna Mary Lucis 6.(c) If alive, give age 6.4 year	21. I CERTIFY that death occurred on the date above stated; that I altended decea	
7. Birth dale of deceased (mo., day, yr.) DECEMBER 22ND 1887	and that I last saw harran alive on	19
	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	acute coronary thombais	• ••••••
9. Birthplace SHEPIHER DS TOMEN West Virginias (Town, county, and state)	Due 10. Hypertension	***************************************
10. Usual occupation Can Desley		
11. Industry or business	Due to	***************************************
# 12. Name M. allen Lucio	Other conditions	
\$ 13. Birthplace SHEPNERD STOWN IN. 1/A		
14. Maiden name IN ARTHA ANN PORTER 15. Birthplace SHARPS SUZG, XIT	(Include pregnancy within 3 months of death)	
2 15. Birthplace SHARPS BURG NIT	Major findings of operations.	
In I of	- Date of op.	
Addres Bar 420 Knowielle Mary band	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged a	statistically.
(Burial, combined with the control of the control o	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,	***************************************
Cemetery or cometery of Marka Paras Ville	Where did injury occur? (City or town) (County)	(State)
Location Treday of 3 ma	Injured al home, farm, Industry, public place (where?)	
18. Funeral director Roberts	Msans of Injury Injured at work?	5 0
Address Haper Devey With	23. SIGNATURE a. a. C. Cearse	M.L
19. 5 March 19 48 Elizabeth & Help Registrar	1. 1. 1 M. D. M. D. p.	





2411 N. Charles St., Baftimore

02787

CERTIFICATE OF DEATH

141

CERTIFICA	IE OF DEATH Reg. Diat. No
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manysland County Frederik
City or town	State Add Additional County County
(tf outside city or town limits, write KUKAL and give nearest town)	City or town
How long in above piace of death? 35 945	(If outside city or town limits, write RUKAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lewis L. Lynn	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white indones	
They have proceed	2D. DATE OF DEATH
6.(b) Name of husband or wife. Eva R. Coopell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	
T. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
33 11 2hrsmln.	
9. Birthplace Linginia	Due to
Town, county, and atate)	
10. Usual occupation. Likewith	Due to.
· · · · · · · · · · · · · · · · · · ·	
11. Industry or business	
12. Name Lulius Line 13. Birthplace	Dither conditions
13. Birthplace	allina.
	(Include pregnancy within 3 months of death)
学 14. Maiden name	Major findings of operations.
14. Maiden name Referre & Cordell	Date of op.
- 13. O'IIIIpiaco	
18. Informant Julius	Antopsy results
Address Surgille Mid-	PHYSICIAN: Please underline the cause in which death should be charged statistically.
10 11:12 14:11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal, Which?) (Burial cremation or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Surviille That	injured at home, farm, industry, public place (where?)
6 Bl July is BIN	Means of Injury Injured at work?
18. Funeral director	m ve 180
Address Municipal Ministration	23. SIGNATURE VALUE
19. Agos. 2 18/8 Kallryn N. Brown Registras	Brushing Ma M. D. or other
(Date rec'd by registrar) Registrar	Address

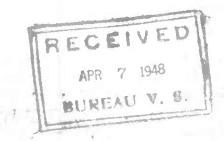
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine consecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

BINDING

MARGIN RESERVED FOR



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Registrar

TIEICATE OF DEATH

eg. Dist. No. 1.45

M. D. or other

Date signed 3 =19 448

	Reg. Diat. No	
2. USUAL RESIDENCE (HON		
(For newborn infants give resi	dence of mother)	
State Maristand	County 2 sed	ench
1 2		
City or town	wy limits, write RURAL and give no	eareat town)
Street No.	ral, give LOCATION)	
	irai, give bookilon)	
2.(a) tf veteran, name war		
	3. (b) Social Security	Number
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main		
MEDIC	AL CERTIFICATION	
m	arch 17 1948	6:1.5
	e date above staled; that I ettended dec	
	1948 to Mar	
and that I law eaw h A alive on	mar 17	19 44
Immediate cause of death		. DURATION
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Due to Chronge to a	lowlar heart	2,42
Due to Chronge to a	loular heart	2 42
disease	loular heart	2.41
Due fo	2	2.41
disease	2	2.41
Due fo		2.41
Due fo	within 3 months of death)	2.41
Due fo	within 3 months of death)	
Due fo	within 3 months of death)	
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Due fo	within 3 months of death)	
Due fo	within 8 months of death) Date of op	
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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. /38

CHITTCAT	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County City or town limits, write RURAL and give nearest town) Street No. City or town Limits, write RURAL and give nearest town) 2.(a) It veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 8 at 12.56
6.(b) Name of husband or wife T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 5. to
11. Industry or business H 12. Name 13. Birthplace H 14. Malden name Lake Selection for the selection of t	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.
Address 3 23 45 17. (Burial, cremation, or removal, Which?) Cemetery or cremefory.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: it death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address Alekericks Many Surel 19. Man. 23 19 4 8 1 Reference Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Date signed Man 19 (9)

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BUREAU V. S.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The disconstraint. Physicians: please write the causes of death clearly and legibly.

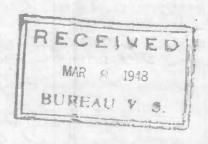
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PLEASE

VS A15

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mary Bary Me 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or sirverced	MEDICAL CERTIFICATION
bende white urdered	20. DATE OF DEATH 7447. 3 19 48 21 8,05 A
8.(b) Name of husband or wife Walter 7 Mc Gauley (Dead) 8.(c) If allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 6, to 13 19 4 6. and that I last saw h. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8. AGE: Years Sonths Days It less than one day 77 2 2hrsmin.	Immediate cause of death OURATION The transplant of the graph of the
9. Birthplace Warne Los (Town, county, and state)	Due to arthus & colores y
13. Usuat occupation.	Due to
11. Industry or business 12. Name 12. Name 13. Birthplace Frederich Cea. Wirginia	Other conditions
14. Maiden name Reliece Band	Major findings of operations.
14. Maiden name Releccia Baxib 15. Birtholace Frederich Ceo Virginia	msjor indings of operations
16. Informant Marshall M'6 Afelay	Autopsy results
Address // 1 (. 3 / . 4) Nothing 1944	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, organism, or removal. Wifichi) Date thereof (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crametery. Inf. Helizon	Where did injury occur?
Jacobles Wandlesle Varguinia	Injured at home, farm, Industry, public place (where?)
Harn E. Coll Con	Meana of Injury Injured at work?
Address Frederich Mid.	Bishomas
19. 5 March 1948 Elizabeth S. Heck. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address 7 tells ck, 2 no Date signed 2 1 8



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MAR 19 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02792

CERTIFICATE OF DEATH

1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Prederick-Rural Ra B. D. (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 5 Years Hospital, institution, or street address where death occurred: Ballenger Creek Road	State Maryland County Frederick City or term (If outside city or town limits, write RURAL and give nearest town) Ballenger Creek Road (If rurel, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war. None		
3. (a) FULL NAME NELLIE IDELL MICHAEL	3. (b) Social Security Number		
4. Ssx 5. Color or race 6.(a) Singlet married, midered, or directed	MEDICAL CERTIFICATION		
F W M	20. DATE OF DEATH. March 5th, 1948 at 12-Noc		
6.(b) Name of husband or William O. Michael 6.(c) If allive, give age 81 years 7. Birth date of deceased (mo., day, yr.) November 12, 1891	21. I CERTIFY that death occurred on the date above stated; that I aftended receased from		
8. AGE: Years Months Days If less than one day 56 5 23 hrs. min.	Immediato come of death OURATION 44 Mg		
9. Birthplace Honrovia-Frederick-Maryland (Town, county, and state) 1D. Usual occupation House-wife 11. industry or business	Due to. A Common Sylven		
12. Name John S. Umberger. 13. Birthplace Montgomery County Maryland	Other conditions		
Sarah Shipley	(Include pregnancy within 3 months of death)		
15 Birthplace Montgomery County Maryland	Major fiadings of operations.		
14. Malden name. Sarah Shipley 15. Birthplace Montgomery County Maryland William O. Michael Address R. F. D. #4, Prederick, Md.	Actopsy results		
Hurial (Buriel, cremation, or someous, which?) Cemetery or exemetery. Mount Olivet Cemetery	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide		
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Prederick, Maryland	Mesns of Injury Injured at work? A Heavy		
19. le March 1948 Elizabeth 4. Hech (Dete rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Frederick, Maryland Date signed 3-6-48		



MAR 8 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Pederick City or town Dictorson-Giral Ra F. D. 1 City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Manyland County Frederick City or iowa Dickerson-fural n. F. D. // 1 (If outside city or town limits, write RURAL and give nearest town) Strong Hold (If rural, give LOCATION)		
			2.(a) If veteran, name war None		
3. (a) FULL NA!		HILLS	3. (b) Social Security Num	ber	
4. \$sx	5. Color or race	6.(a) Single: married, widowed, or divorced	MEDICAL CERTIFICATION		
P	¥ *	*. " A14	20, DATE DF DEATH March 11, 19 48, 21	4 4	
B.(b) Name of husbar	od og G	Alton Miles 6.6) If alive, give age 70	21. I CERTIFY that death occurred on the date above stated; that I attended deceased!	rom 7 4 8	
7. Birth date of deceased (mo., day	Augus	t 6, 1872			
8. AGE: Yes	75 Months	Days If less than one day	Immediate cause of death Congestive heart: Joicore	buration 6 mo	
10. Usual occupation	nt Ro		Due to Generalized Arterio		
12. Name	Montgome	ry County Larvland	Dther conditions		
当 14. Malden nam	Caroli	ne Thomas	(Include pregnancy within 3 months of death)		
14. Malden nam 15. Birthplace	Prederic	t County Haryland	Major fiadiags of operations		
18. Informant		miles	Autopsy results	tically.	
17. Burla. (Burla, comments) Cemetery or trems Location	Mount Frede	Date thereof. 3/13/48 (month) (day) (year	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Address 19. 13 Wo	Frede	rick, Maryland Elizabett 5. Her	23. SIGNATURE P. H. Odamo M. D. or oth strar Address. Pooles VIIIe, Md Date signed 3), 12/48	

MAR 17-1948 BUREAU Y. S.



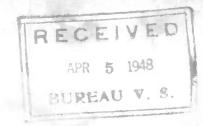
WRITE PLEASE A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

02794 2411 N. Charles St., Baltimore 95 CEDTIFICATE OF DEATH

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			- 1	3	а.
-					

CERTIFICA	Reg. Dist. No. 131
1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or term Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime Hospital, inslitution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? 18 Days	State Maryland County Frederick Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 13 Hamilton Avenue (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
LILLIAN CATHERINE MISS	217-18-77/16
4. Sex 5. Color or race 6.(a) Single, married, widewed, or diversed	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. March 31st 1948 3112:15 P
6.(b) Name of husband or wife. Ira V. Miss	21. I CERTIFY that death occurred on the date, above slated; that tattended decease 1700
7. Birth date of deceased (mo., day, yr.) August 2, 1907	and that I last saw all on 200 19 4
8. AGE: Years Months Days It less than one day	Immediate type of death DURATION
40 7 29hrsmin.	toronous kingon
9. Birthplace Frederick County, Maryland 10. Usual occupation Housewife 11. Industry or business 12. Name Charles C. Burdette 13. Birthplace Frederick County, Maryland 14. Maiden name Bertha Sulcer 15. Birthplace Frederick County, Maryland	Bue fo
16. Informant Mr. Ira V.Miss	Actorsy results
Address 13 Hamilton Ave., Frederick, Md. Burial (Burial, creation, Mount Olivet Cemetery Location Frederick, Maryland 18. Funeral director C.E. Cline & Son Address Frederick, Maryland	22. VIOLENCE: tf death was due fo external causes, fill in the following; Accident, suicide, or homicide
19. Land 19.48 Elizabeth Hall Registrar	7 - 1001 h My M. D. or other 4-1-48



MARGIN RESERVED FOR BINDING

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

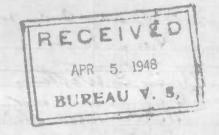
LTH (02795

1 2 HOUAL DECIDENCE (LICARIE) OF DECEASED.

CERTIFICATE OF DEATH

Reg. Dist. No. 147

County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	(For newborn infants give residence of mother) State Manyland County Taled Land (If outside city or town limits, write RORAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Eleanor Rebecca Mu	ollsworth 3. (b) Social Security Number
4. Sex Jemale 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH March 3/ 19.48, at 10.55 M
8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from LLC 15 19 47 to March 3 19 48 end that I last saw h. L. alive on March 3 19 48 Immediate cause of death DURATION Bulmonary Occurred on the date above stated; that I attended deceased from DURATION 3 h. S.
9. Birthplace (Town county, and state) 10. Usual occupation (Town county, and state)	Due to Carcenoma y et trast
12. Name Land E Walking 13. Birthplace 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dither conditions General Garcenoma - 4 mo. (Include pregnancy within 3 months of death) Major findings of operations Garcenoma of A breast with metastima Date of op. Nov. 25, 47
Address Date thereof (month) (gay) (year)	Autopsy results
Cometery or crematory A.	Where did injury occur?
19. April 2 19.48 Blais a Registrar (Date rec's by registrar)	23. SIGNATURE Starting Stabill M. D. or other Address Maria Med. Date signed 4/1/48.



PLEASE WRITE

VS. A15

correct age

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

02796

CERTIFICATE OF DEATH

Reg. Dist. No. 14-1

1. PLACE OF DEATH:	(For newborn infants give residence of mother) State Mary Cause County Frederick
City or town. (If outside city or town limits, write RURAL and give nearest town)	"
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street Nof
How long in hospital or Institution?	
3. (a) FULL NAME John Henry Morse	Surger 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH March, 29 1948, at 6:15 1. M
6.(b) Name of husband or wife Italia 6. Curnett	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from Manch, 2 9 18.48, to March 29 18.48
7, Birth date of	and that I last saw had alive on Markhy 29 19 19 19
deceased (mo., day, yr.) +et, / 1883	
8. AGE: Years Months Days tf less than one day /2ml	Immediai- cause of death DURATION Outle Conjutus Heat Failure 1 West
9. Birthplace	Due to Chronic Emplyseura 10 yrs
1B. Usual occupation St. DRP Engently (retired)	Due to
11. Industry or business	
12. Name Manufacturally 13. Birthplace Manufacturally	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Many fary 15. Birthplace Many fary	Major findings of operations.
₹ 15. Birthplace	Date of op.
18. Informant Mrs. Tolda G. Marshayll	Actopsy results
Address Ammeure Ma	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Brussissist Mil	tnjured at home, farm, industry, public place (where?)
18. Funeral director for A. Futs + Bus	Means of injury injured at work?
n · 1 · mal	1. M. D. Martin
Address / Trumsuck ///	23. SIGNATURE M. D. or other
19 Mar 3 1 19 48 Kallry N. Brown (Date rec'd by registrar) Registr	Address Lovethuillo-VA Date signed 3/3//48





PLEASE

(Date ree'd by registrar)

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

17 11					-
18				1	39
1	Reg.	Diat.	No.	,	//

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County State Sanatorium, Maryland (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Since 9/11/47 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	State Mary land County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) 533 Patapsco Ave.
Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 9/11/47	(If rurnl, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Murr	216-10-3822
4. Sax 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH March 9 19.48 2110:10Am
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from September 11 19 47 to March 9 19 48. and that I last saw him altre on March 9 19 48.
8. AGE: Years Months Days If less than one day 47 6 20hrsmi	Pulmonary Tuberculosis 15 Mos.
9. Birthplace Baltimore, Maryland (Town, county, and state) Painter 10. Usual occupation Painter 11. Industry or business 12. Name Joseph Murr 13. Birthplace Baltimore, Maryland	Due to
14. Maiden name Anna Schmidt	Major findings of operations
2 15. Birthplace Germany	Date of op.
16. Informant Deceased	Autopsy results
Address 17. Burial (Burial, cremation, or removal, Which?) Oate thereof 3/14/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery XXXXXX Holy Cross	
Locallon Ritchie Highway, Baltimore, Md.	
1B. Funeral director Edward Toulson	Means of Injury Injured at work?
Address 2359 Wash. Blvd., Baltimore, Mo	23. SIGNATURE R. lo Balli. M. D. D. S. M. D. D. S. M. D.
19. 3/9 (Date ree'd by registrar) (Date ree'd by registrar) Registr	

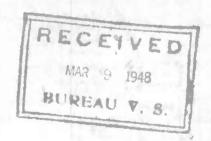
MAR 11 1948 BUREAU V. 8.

2411 N. Cha	arfes St., Baltimore 800
CERTIFICA	TE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH: County City or the County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
Grederick Memorial Nospital How long in hospital or institution? 15 days	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME miss Julia Les	ders 3. (b) Social Security Number
4. Sex Female White Single Merried, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 3 . 6 19 48 21 9-35 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Qclubes 2 - 1863	and that I last saw her alone on 3 6 19 48
8. AGE: Years Months Days If less than one day	Froduce 7 hip 2 was
9. Birthplace	Due to.
10. Usual occupation	Due to
12. Name Deles Carried	Other conditions
14. Maiden name Many Blessing 15. Birthplace Madyland	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant & Principal Records	Antopsy results PHYSICIAN: Please nuderline the cause tu which death should be charged statistically.
Address Sedereck, Md. 17. Bate thereot. Mass. 9. 194. (Burial, compation, on removal Which the Compation of Compation) Cemetery or compations that the compation of the compa	22. VfOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide, C.C. Land Date of 2.20.48 Where did Injury occur? (City or town) (County) (State)
18. Funeral director C. O. Jacobs Lon Address Janey town, 222d.	Means of injury fall injured at work? Man of injury fall injured at work? Man of injury fall injured at work?
19. 6 March 1948 Elizabettels. Hech	23. SIGNATURE M. D. or other Address Date signed 3 - 6 · 48

RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

02799

CERTIFICATE OF DEATH

Reg. D	Not 1	No	/	40	

CLICITICA	IL OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (It outside city or (own limits, write RUJAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (if outside city or town limits Street No. (If rural, give	six Julian (Sive nearest town)
How long in hospitat or institution?	2.(a) If veteran, name war	***************************************
3.(a) FULL NAME Isaac Perin	er	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, w)dowed, or divorced	MEDICAL CE	ERTIFICATION 3 19 48 et 5 3%
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date about 19.4	ve stated; that 1 attended deceased from 7.8, 10. 10.48.
8. AGE: Years Months Days If less than one day 5 9 9 9 9 19 19 19 19 19 19 19 19 19 19 1	Immediate cause of death Leant doese Coronog accl Due to	Bulden Letter 2 few
10. Usual occopation. 11. Industry or bosiness 12. Name There E Fahrer	Due to	minutes
12. Name I was E Police 13. Birthpiace 14. Maiden nam Arranda Harshwan	(Include pregnancy within 8 m	
14. Maiden nam Juranda Harshwan 15. Birthpiace Myersirle Myd. 16. Informant Jasob & Perrier 22.1	Major findings of operations	Bate of op
17. Burial, example Which?) Date thereof Mar. 28, 1948 (Burial, example Which?) (month) (day) (year)	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide	ses, fill in the following: Date of
Location Rocky Ridge Myd.	Where did injury occur?	
18. Funeral director to bell targeter Address Woods boro, Myd.	23. SIGNATURE Variet Aro	ey mis
19 March 27 1948, L. Parill	Address Thurward Me	M. D. or other Date signed 3/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CEDTIEICATE OF DEATH

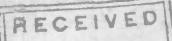
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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pawhorn infants give residence of mother) State
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Mary Ellen Route	ahn 3. (b) Social Security Number
Temak White Maried Maried	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19#8 at 2.50 f
6.(b) Name of husband or mile ACOL J. Noutzahn 6.(c) If allve, give age 83 years 7. Birth date of deceased (mo., day, yr.) Charl 5, 1867	and that I last saw harmalive on 1975
8. AGE: Years Monta Days If less than one day	Immediate cause of death DURATION
9. Birthpland Wolfsville-Fred co. Ing	Due to (Juddenly)
10. Usual occupation Authorities 11. Industry or business Occupation Authorities	Due to.
12. Name Samuel Brandenburg.	Other conditions.
15. Girthplace M. C. Selving.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Accol J. Rouzaha	Antopsy results.
Address Myesville, M.S. 17. 3-12-1948 (Burial, cremation, or removal. Which?) Date thereof. 3-12-1948 (month) (day) (year)	PHYSICIAN: Please underline the cause to which seath should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory	Where did injury occur?
Location July 3 State	Injured at home, Aster, Industry, public place (where?) Means of Injury Injured at work?
Address My ersnilly Just 19 146	23. SIGNATURE E Harb M. D. or other
19. WAV-15. 48. 19 Clare rec'd by registrar Registrar	Address Ned Slate Date signed 3-11-48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisespecially important. Physicians: please write the causes of death cleaply and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

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MAR 15 1948

BUREAU V. S.

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WRITE

PLEASE

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

02801 Reg. Diat. No. / 54

County Frederick	(For newborn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Frederick
How long in above place of death? 4 years	City or town
Hospital, institution, or street address where death occurred:	Sireet No. Emmitsburg, Md. R. D. #3
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Oliver Irvin Sheeley	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH March 3 1948 at 6
6.(b) Name of husband or wife Olley Amma Sheeley	21. I CERTIFY that death occurred on the date above stated: That statended deceased from
	1940 10 10 The 3 1940
7. Birth date of deceased (mo., day, yr.) March 20, 1871	and that I last saw which alive on file the terms of the
8. AGE: Years Months Days If less than one day	Immediate cause of death Death Control of the Death Control of the
76 11 13hrsmin.	Carried Houry Comes - 6 M.C.
9. Birthplace Frederick county, Maryland	Due to Affine palerile Africa
(Town, county, and state) 1D. Usual occupation. Retired Farmer	Dudles Valor wille
10. Usual occupation Decired Parmer	Due 10.
11. industry or business	Luciece
E 12. Name Bausher Sheeley 13. Birthplace Maryland	Dther conditions.
13. Birtholace Maryland	(Include pregnancy within 8 months of death)
# 14. Maiden name Martha Wagner	
14. Maiden name Martha Wagner 15. Birthplace Adams County, Penna.	Major findings of operations
16. Informant Walter of Steeley.	Aptopsy results.
	PHYSICIAN. Places anderline the cause to which death should be charged statistically.
Address Emmitsburg, Ma. R. D. # 3	22. VIOLENCE: If death was due to esternal causes, fill in the following:
Burial Burial Dale thereof March 6, 194 (month) (day) (year)	822. VIOLENCE: If death was due to esternal causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Mt. Vlew Cemetery	Where did injury occur?
Location Emmitsburg, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director 5. 5. All blue ore	Means of Injury Injured at work?
Address Emmitsburg, Maryland,	Welledle kut
march 12 45 M th. Shrell	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address file belle Mille Histor signed 2 - 4-4

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APR 1 10/18

BUREAU V. S.

	ATE OF DEATH
CERTIFICA	ATE OF DEATH Reg. Dist. No. 13
County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or team. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleras, name war.
3. (a) FULL NAME This. Grace Price &	Smith 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or discovered levale white wildowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 17 19.48 11 7.44
6.(b) Name of husband or wife Oould R Suith 6.(c) If alive, give ago ye	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 45 2 29	Immediate cause of death OURATHO
9. Birihplace (Town, county, and state) 10. Usual occupation.	Due to Dannels Dalla Saland 12416.
11. Industry or business 12. Hame John E- Price 13. Birthplace Wayneshoa, Pa	Other conditions.
14. Maiden name. They Grdeman 15. Birthplace Ballinne, Ind	(Include pregnancy within 3 months of death) Major fiadings of uperations. Cate of op.
18. Informant Mrs. Magic Emment	Autopsy results
(Burial, cremetion, os semoral, Which?) Cemetery or crematory. The Company of Company	22. VfOLENCE: if death was due to external causes, tilt in the following: Accident, suicide, or homicide
Location Fueline 2nd 18. Funeral director Name & Carty Con	Injured at home, farm, industry, public place (where?)
Address Freday Feed. 19. March 19.44 Elizabeth J. Herh (Date rec'd by registrar) Regist	23. SIGNATURE M. D. or other Address M. Date signed 17 1/2

MARGIN RESERVED FOR BINDING

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MAR 19 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 151		
1. PLACE OF DEATH: County Frederick City or the Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 46 Years Hospital, institution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? Since March 27, 1948	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME ANNAS ELIZABETH STEINHAUS	3. (b) Social Security Number None		
4. Sex 5. Color or race 6. (a) Single: married, widowed, or divorced F M	MEDICAL CERTIFICATION 2D. DATE OF DEATH. March 28th, 18 48 17:25P		
B.(6) Name of husband or William H. Steinhaus S.(c) If alive, give age 76 7. Birth date of deceased (mo., day, yr.) October 4, 1876 8. AGE: Years Months Daye If less than one day 71 5 25 hrs min. 9. Birthplace Copenhagen, Denmark (Town, county, and state) At Home 10. Usual occupation At Home 11. industry or business	and that I last saw h		
12. Name Larse Nelson 13. Rightsless Copenhagen, Denmark	Other conditions		
Bertha Sorensen 14. Malden name Bertha Sorensen 15. Birthplace Copenhagen, Denmark 16. Informant William H. Steinhaus Address 202 W. South St., Frederick, Md.	(Include pregnancy within 8 months of death) Major findings uf operations		
Burial Burial	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		

Address....

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MAR 31 1948

RUREAU V. S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02804

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			state Maryland county Frederick		
(If outside city or town limits, write RURAL and give nearest town)			Dumal Mt Plangant		
How long in above place of death?	Unknown		(If outside city or town limits, write RURAL and give nearest town)		
	where death occurred: emorial Hospital		Street No		

	1 Week				
3. (a) FULL NAME			3. (b) Social Security Number		
WILI	IAM STONE		The Part of the Pa		
4. Sex 5. Color or r	ice 6.(a)Single, married, widowi	ed, or divorced	MEDICAL CERTIFICATION		
Male Whit	e Married		20. DATE OF DEATH March 2nd 19 48 31 1:50 P		
6.(b) Name of husband or wife	artha Beard		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		52 Years	ded 2112 - 11		
7. Right date of	nuary 26, 1894		and that I last saw h 1. alive on 19 4.		
	Days It less than	one day	Immediate cause of death F Clast T Town DURATION		
o. Ada.			degree have of 7 day		
54 1	5hr		Legs & auns		
9. Birthpiace Rensalie	Indiana (Town, county, and state)		Due to Decease I threw contail in lighted		
			stone which sighted and cought		
1B. Usual occupation. Cook			Due to Cio clothing on fire 54/27/18 alee		
11. Industry or business			8 0 -		
E 12. Name Unkno	<u> </u>		Dther conditions		
H 12. Name Unknot	vn				
	WD.		(Include pregnancy within 3 months of death)		
14. Maiden name Unknot			Major findings of operations		
- 101 0111191000			Bate of op.		
16. Informant Mrs. Wil	liam Stone		Autopsy results		
Address Nr. Mt.	Pleasant, Md.		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial		6. 19/18	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or removal.	Whitener) (month		Accident, suicide, or homicide. accident Date of 3 2 - 48		
Cometery or promotory Was	hington National	Cemetery	Where did Injury occur? (City or town) (County) (State)		
	ington, D. C.		Injured at home, farm, Industry, public place (where?)		
18. Funeral director			Meens of Injury injured at work?		
	derick, Maryland		P.w. Ban En		
	- A	Q. ++ . O.	23. SIGNATURE M. D. or other		
19. 5 march 19	48 Elizabeth	Begistrar	Address freduct and Bate signed 3.3. 48		

MAR 8 1948
BUREAU V. S.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 936

02805

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frederick	(For newborn infants give residence of mother) State 10 77 0 77 9 County 17 12 77 7 9
City or ter / Yede y / C / K. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside fity or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Frederick memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? J. J. C. A. y. 3	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William L Stottlemyor	None
4. Sex 5. Color or race 6.(a) Single married, wighowed, or divorced	MEDICAL CERTIFICATION ,0
M W Widowed	20. DATE OF DEATH MAXCL 13, 19.48, 21.7 - 1
6.(b) Name of humband or wife Viola Stottle myer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	February 25, 18 45, 10 March 13, 18 48
7. Birth date of	and that I last saw h. caralive on March 12, 18 49
deceased (mo., day, yr.) \ \(\omega \) \ \(\omega \) \ \(\omega \) \\(\omega \) \(\omega \) \\(\omega \) \\(\omega \) \\(\omega \) \\(\omega	Immediate cause of death
	A STATE OF THE STA
73 7 2 hrsmin.	Mangrene 114. Leg : I was
9. Birthplace 1-xeger/C/I Lo. (Town, county, and atate)	Due to.
in the next of the second second	Due to Maller of Change
11. Industry or business	The state of the s
12. Name 1 2 777 Stoffe 777 12 7	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mahala Schaffer 15. Birtholace Mel	Major findings of operations.
5 15. Birthplace Mc/	major indings of operations
1/2/bb Stattlemuler	Autopsy results.
D P - M I	PHYSICIAN: Please underline the cause to which death should he charged atatistically.
Address 13044,517 FD, 194	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Burlin, companies Which?) Date thereot. 3/15/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or ocemetery NOTA COCY	Where did injury occur? (City or town) (County) (State)
Reallewille Mal	
Location D	Injured at home, farm, Industry, public place (where?) Mases of Injury Injured at work?
18. Funeral director VIII O 777 D Hill to 7	missis of multi
Address /3000 USXI//e, MC	as DIGNATURE (1. (1. Carre In D
13 March WX CP. O. for le Hoch	M. D. or other
(Date rec'd by registrar)	Address Treasury A Date signed.

MAR 19 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

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Reg. Diat	. No	0

OF DEATH

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Clip or town (If outside city or town firmits, write RURAL and give nearest tow Sireet No. D. (If rural, give LOCATION) 2.(a) If veteran, same war.
	A Stultz 3.(b) Social Security Number
4. Sex 5. Office of race (a) Single, married, widowed, or divorced Musical Musical	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.46 21 7
8.(b) Hame of husband or wife. S.(c) If alive, give age 71 years The Birth date of deceased (mo. day, yr.) April 30, 1860	21. I CERTIFY that death occurred on the date above stated; that I stranded deceased from 19.4. To March / and that I last saw h. 22. alive on 7.4. 2.6.
8. AGE: Years Months Bays 11 less than one day	Immediate cause of death Occlusion 7 Due 10. Arteria Aclerocia /0 Due 10.
11. Industry or business 12. Name Design W Snieth 13. Birthplace Milling Land 14. Maiden name Many James 15. Birthplace A Many Land	Dither conditions
Address P.D. MX. any Md	Autopsy results
Date thereof (month) (day) (year) Cemelery or exemptory Sent Trail Location Sent Trail Hauserick Co. Md.	Accident, suicide, or homicide
Address West Field, Md. 19. Mav. 2 19. 48 Dikian X. Fialconer (Date rec'd by registrar) Registrar	23. SIGNATURE Esnect P. Roop) Address New Market molecular signed man.

State Manage Liberty County	Frederies	4
City or town (1f outside city or town fimits, w	Town of the	
Sireet No. D.O MX · Q. (If rural, give LO	uj	
2.(a) If veteran, same war		*****************
'a Stultz	3. (b) Social Security A	lumber
MEDICAL CER 20. DATE OF DEATH. March	TIFICATION	, 7A.
21. I CERTIFY that death occurred on the date above so the date ab	7 10 March	19 4 &
Immediate cause of death Occl	usion	7 day
Due 10 arteria sele	rocie	10 years
***************************************	***************************************	
Due 10		•••••

Dther conditions	***************************************	***************************************
(Include pregnancy within 8 mon	ths of death)	
Major findings of operations		
	Date of op.	••••••
Autopsy results		tatistically.
22. VIOLENCE: If death was due to external causes,	fill in the following;	
Accident, suicide, or homicide	Dale o1	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where		
Means of Injury	Injured at work?	

WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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DELIGHT OF TAXABLE STATE OF LYBER.

PERSONAL CALLS OF BRACE

Mary In the Late County

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APR 9 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

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DI ACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 USUAL PESIDENCE (HOME) OF DECEASED.

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CERTIFICATE OF DEATH

How long in above place Hospital, institution, or NOT How long in hospital or	derick al-Frederi utside eity or town lin of death? Lif street address where d tevue	ck mits, write R etime death occurred	URAL and give nearest town)	State Maryla CMy or town (1f or Street No.	ntants give residence of mand country Rural - Liberty utside city or town limits. (If rural, give I None	ytown write RURAL	and give neare	st town)
3. (a) FULL NAM	e Jesse Roy S						al Security No	ımber
4. Sex Male	5. Color or racs White		ingle	20. DATE OF DEATH	MEDICAL CE March 12			6:00 A
	yr.) April	6.(6	e) If alive, give ageyears 82	and that I last saw h. i.	th occurred on the date above through the state on the state of the st	arch)	1 arch	19. 4.8 19. 4.8 DURATION
10. Usual occupation	rederick, l (Town. Farm Emp)	oyee	d (ate)	Oue 10	Sett Heart)	
13. Birthplace 14. Maiden name 15. Birthplace	Frederick (Clara Bur Frederick	County, call Count	Maryland by, Maryland ey	(Inclu Major findings of oper	ude pregnancy within 3 m	onths of death)	o1 op	
17. Bur: (Burial, cremation Cemetery or cremation Location 18. Funeral director Address	Nr. Nev	Date there L Cemet L Londo Cline &	month (day) (year) month (day) (year) mon, Maryland s Son	22. VIOLENCE: If dea Accident, suicide, or ho Where did Injury occur Injured at home, 1arm, Maans of Injury	ath was due to external cause on white was due to external cause omicide	(Cou	llowing; Date o1	State)

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MAR 17 1948

BUREAU Y. S.

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CERTIFICATE OF DEATH

			CERTIFICA	TE OF BEATT	Reg. Diat. No.
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	
County rederick City or test rederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime Hospital, institution, or street address where death occurred: 326 East Patrick Street How long in hospital or institution?			URAL and give nearest town)	Street No. 326 East Patr	s, write RURAL and give nearest town)
3. (a) FULL NAMI	e Mrs. Georg	IANNA T	'HOMPSON		3. (b) Social Security Number None
4. Sex Female	5. Color or race White		married, widowed, or diversed		ERTIFICATION
remare			lidowed		16th 19 48 21 8:35 A
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	***************************************	ard Tho) If alive, give ageyea	and that I last saw halive on	118, to 120, 16 1943
8. AGE: Years		Days 28	If less than one dayhrs. mir	Immediate cause of death	amba (30)
1D. Usual occupation 11, Industry or business	Retired s ohn F. Phi	Housewi	laryland tte) fe	Due to	
		Haupt		(Include pregnancy within 3 m	
Address 326	E. Patri	ck St.,	Frederick, Md. March 18, 1948 (month) (day) (year)	PHYSICFAN: Please noderline the cause to wh 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ises, fill in the following:
Cemelery or eremate	Mount	Olivet	Cemetery		
18. Funeral director	C. E.		ryland Son	Injured at home, farm, Industry, public place (wi	here?)
19. LT Mana	-l. 1948	20	jalutle & Hech	23. SIGNATURE	M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE A15

RECEIVED

MAR 19 1948 BUREAU V. S.

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Registrar

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(For newborn infunts give residence of mother)

Frederick

Maryland

Reg. Dist. No.

(if outside city or town limits, write RURAL and give neurest town)

Frederick

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Frederick Yellow Springs - Rund (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred How long in hospital or institution? 3. (a) FULL NAME EDWARD FRANCIS TUCKER JR. 6.(a) Single, married, widewed, or divorced-5. Color or race 4. Sex White Male Married Margaret E. Hane 6.(c) If alive, give age .. 7. Birth date of 3. 1870 September deceased (mo., day, yr.) It less than one day Months 8. AGE: 27 9. Birthplace Frederick County, Maryland (Town, county, and state) Ground Lineman 10. Usual occupation Potomac Edison Company 11. Industry or business Edward F. Tucker 13. Birthplace Frederick County, Maryland 14. Maiden na 15. Birthpiace Sara E. Mull 14. Maiden name. Loudoun County, Virginia 16. Informant Mrs. Edward F. Tucker, Jr. 253 W. 5th St., Frederick, Md. Date thereof March 3, 1948 (month) (day) (year) Burial (Burial, cremation, or removal Which? Mount Olivet Cemetery Cemetery or scamplory Frederick, Maryland C. E. Cline & Son 1B. Funeral director Frederick, Maryland Address

Street No. 253 West 5th S	treet
(If rural, give L	OCATION)
2.(a) It veteran, name war NONE	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH March 1	st 18 48 2:45 P.
21. I CERTIFY that death occurred on the date above	
and that and Saw h	march 1 19 KS
Immediate cause of death	
CONTRACTOR OF THE PROPERTY OF	
Coronany	ocalium ky
Due to	
Due to	
DUC 10	
Other conditions	
DINCI LUIRING	
(Include pregnuncy within 3 me	ontha of death)
Major findings of operations	
	Date of op
Autopsy results	ch death should be charged statistically.
22. VIOLENCE: If death was due to external cause	es, till in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (whe	ere?)
Means of Injury	Injured al work?
DEPUM	W -
23. SIGNATURE P'W/Z	DICA: GAER
A	Injured at work? CAED M. D. or other Date stens
Address T	Date signed

a Dr. Bace

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MAR 5 1948

BUREAU V. S.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

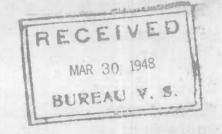
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

02810

Reg. Dist. No. 139

county Frederick	(For newborn iniants give residence of mother)		
City or town State Sana torium, Maryland (If outside city or town limits, write RORAL and give nearest town)	state Maryland county		
(If outside city or town limits, write RORAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Since 11/21/41			
Hospital, Institution, or street address where death occurred:	Street No. 410 W. Mulberry St.		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? Bince 11/21/41	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John N. Vassos	216-09-8373		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	2D. DATE DF DEATH March 29 19 48 21 2: 45A m		
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of husband or wife	November 21 19 41 to March 29 1948		
	and that I last saw h. imalive on March 29 1948		
7. Birth date of deceased (mo., day, yr.) Dec. 12, 1904			
8. AGE: Years Months Days It less than one day	Immediate cause of death		
43 3 17hrsmin.	Pulmonary Tuberculosis 83 Mos.		
9. Birthplace Greece (Town, county, and state)	Due to		
10. Usual occupation	Due 10		
11. Industry or business			
Nestor Vassos	Other conditions		
13. Birthplace Greece			
14. Maiden name. Sofia Rondos	(Include pregnancy within 8 months of death)		
	Major findings of operations.		
15. Birthplace Greece	Date of op.		
16. Informant Deceased	Actors results		
Address	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
(Burial, cremation, or reproval, Which?) Date thereof Man 31, 948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Greek Cemetery	Where did injury occur?		
Location Woodlawn, Md	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director. Nick Randarog Inc.	2/1		
Address 440 E. North Que Baltipare Mrd.	of Consumer of to Salleri		
	23. SIGNATURE M. D. SKRIKEX		
19. March 29 (Date rec'd by registrar) (Date rec'd by registrar) (Begistrar)	AddressState Sanatorium, Md. Date signed 3/29/48		



WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

138

	Reg. Dist. No	
1. PLACE OF DEATH: County Tederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	wick_
	State maryland county monta	Here
City or 10wn (1f outside city or town limits, write RURAL and give nearest town)	114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
How long in above place of death?	City or town. (1) outside city or town limits, write RURAL and give no	rest town)
Hospital, Institution, or street address where death occurred: Hous - alm addres (Russ)	Street No. 100ml - autom a out	ress
	(If rural, give LOCATION)	ral
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME . WILLIAM THOMAS WI	4TKINS 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White luanied		> 2.3
1 de del	The state of the s	
6.(6) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that haffended dece	geed from
6.(c) If alive, give age 6.0 years		
1. Birth date of deceased (mo., day, yr.) and 22 1879	and that I last saw h	19 48
8. AGE: Years Months Days It less than one day	Immediate cause of death lugoear ditie	OURATION
6 8 10 2hrs. min.		Jys
X I+ OF II O	0.4:	
9. Birthplace (Town, county, and atate)	Due fo. A Taros Clarone	10 ggs
Xallas	heart Morese	
Ib. Basel Goodpellottin	Due to	
1f. industry or business		
12. Name John a. Watkynis 13. Birthplace maryland	Other conditions Muyocarded lufterette	10 Kus.
13. Birthplace	(Include pregnancy within 3 months of death)	
E 14. Maiden name magaza Flood	Major findings of operations.	
15. Birthplace analland	Date of op.	***************************************
mes William Wathering	Autupsy results.	
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged	
Address moneroved, maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or remayal, Which?) Date thereof (month) Aday) (year)	Accident, suicide, or homicide	
V /+ = 0. = 1 /2 = 1.1 +		
	Where did injury occur? (City or town) (County)	
Location Demptour maryland	Injured al home, farm, Industry, public place (where?)	
18. Funeral director 2.03 Beall, Int.	Mssns of injury Injured all work?	
Address Damascus mariland	01011	
140	23. SIGNATURE ADDITION M.D.	or other
(Date rec'd by registrar) (Date rec'd by registrar)	Janaseus hid	14 Man 40
(Date let a pl registrar)	Address	



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MARYI	AND	STATE	DEPARTMENT	OF	HEALTE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13/0

Reg. Dist. No...

	rog. Diet. Ho. managami		
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Frederick City or tawa. Frederick (If outside city or town limits, write RURAL and give nesrest town) Street No. 243 Center Street (If rural, give LOCATION) 2.(a) If veteran, name war. None		
City or town Frederick (If outside city or town limits, write RURAL and give nearest town) How long In above plece of deeth? Lifetime Mospital, Institution, or street address where death occurred: Frederick Memorial Hospital Now long In hospital or Institution? Several hours			
3.(a) FULL NAME MRS. ROSA O. WELTY	3.(b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. March 1st 19 48 10 :		
6.(b) Name of husbend arable. Sourcen L. Welty, Sr. 6.(c) If alive, give age 72 years 7. Birth dete of decessed (mo., day, yr.) January 16, 1878	21. I CERTIFY that don'th occurred on the dete above steled; this I attended deceased from		
8. AGE: Yeers Months Days It less than one day 70 1 14	Chrone Enforcation		
9. Birthplace Frederick County, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Du la serie de la		
James I. Mullican 13. Birthplace Frederick County, Maryland 14. Malden name Victoria Lare 15. Birthplace Frederick County, Maryland 16. Interment Miss Catherine Welty	Other conditions		
	Antopsy results		
Burial Burial Burial (Burial Commetter) Cemetery or commetter. Mount Olivet Cemetery Exaderick Maryland			
Frederick, Maryland 18. Funeral director Address Frederick, Maryland C. E. Cline & Son Frederick, Maryland	Injured et home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE		
19.2 March 19.4.8 Challed Titles. (Date rec'd by registrar) Registrar	Address STEARTERS HED Dei Harry		

Street No. 243 Center Str. (If rural, give I		
2.(a) If veteran, name war		
	3.(b) Social Security No	ımber
MEDICAL CE	RTIFICATION	
2D, DATE DF DEATH March 1	st 1948 .	10:00 F
21. I CERTIFY that depth occurred on the dete above 19.5 and that I lest eaw hours elive on 19.5	e steted: that attended decease	19.46
Immediate cause of death Officerie Fresh Officerie Gulera Defluscie Gulera Treshirtis	garditis.	Ž
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
Autopsy results		
22. VIOLENCE: If deeth wes due to externel ceus	es, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	State)
Injured et home, farm, Industry, public place (wh	ere?)	
Meens of Injury	Injured at work?	
XXIN	5. Lad	

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BUREAU V. S.

Reg. Dist. No. 144

	2411 N. Cha
CE	RTIFICA
1. PLACE OF DEATH:	
County Thefalfield	
(If outside city or town limits, write RURAL and give	nearest town)
How long in above place of death?	••••••
Hospital, institution, or street address when death occurred:	
How long in hospital or institution?	
3. (a) FULL NAME	
Clara Glice	Kerken
4. Sex 5. Color or race 6.(a) Single, married, widow	d, or divorced
Female White marrie	1
Only (O Dray)	6
6.(b) Name of husband or wite	eing
7. Birth date of	e yea
deceased (mo., day, yr.) Thay 3, 1862	
8. AGE: Years Months Days It less than of	
De l'an l'an l'an l'an l'an l'an l'an l'an	mli
9. Birthplace Sulla (Town, county, and state)	· . / 12d
8/	
2/)/	•••••
11. Industry or business	5 - 01
12. Name	P + 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	/
14. Maiden name. Mary Addenses	/
15. Birthplace Frodville, Mid.	•
16. Interment Mrs. Oaline O Treek	end.
08 11.00	h.
Address Sabellasville 1	25 10
(Burial, cremation, or removal. Which?)	25 /94 (day) (year)
Cemetery or crematory Mt Massall	************************
Location Fishville mil.	
m + a	
18. Funeral director. D. a. St. Ager. 2.	0
Address Thursmont, Ind	

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOM (For newborn infants give residence)	1E) OF DECEASED:
State Massiland	County Frederick
State O. D. O.	O D
City or town(If outside eity or tow	wn limits, write RURAL and give nearest town)
Street No. (If rur.	ral, give LOCATION)
2.(a) tt veteran, name war	
	3. (b) Social Security Number
7.	
MEDICA	AL CERTIFICATION
22	P1 12 0 0 113-
20. DATE OF DEATH	212 1948 214 30
21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
Nac. 15	1947, 10 Mar. 22 19 4
and that I last saw by alive on	71 1 2 2
Immediate cause of death	DURATIDI
Heart deseare, vo	
myocondial de	generallo Jones
Due to	
Due to	
Jue 10	***************************************
Other conditions	
Charles and annual and an	rithin 3 months of death)
(include pregnancy w	ithin a months of death)
Major findings of operations	
	Date ot op
Aotopsy results	
PHYSICIAN: Please uoderline the caus	se to which death should be charged statistically.
22. VIOLENCE: It death was due to exte	ernal causes, till in the tollowing;
Accident, suicide, or homicide	
Where did Injury occur?(City or	town) (County) (State)
	place (where?)
Meene of Injury	Injured at work?
-	
Va.	Ate D. Fr
23. SIGNATURE	M. dray
200	1. Wed 8
Address Julenu au	Date signed 3/2.3./4



MAR 26 1948 BUREAU V. S.



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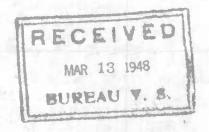
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

02815

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Rural - Urbana. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital How long In hospital or Institution? 3 hours	Street No	
3.(a) FULL NAME Lillie May Heims Wilcom	3. (b) Social Security Number NONE	
4. Sex 5. Color or race 6.(a) Siagh, married, widowed, or divorced. Female White Married	MEDICAL CERTIFICATION March 9th 48 ,11:30p	
6.(b) Name of husband or Lawrence R. Wilcom 6.(c) If alive, give age 47 years 7. Birth date of deceased (mo., day, yr.) November 2–1906	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 2. to 19. 4. and that I last saw h	
8. AGE: Years Months Days It less than one day 41 4 7	Certal Franchy 4th	
11. Industry or business Home 12. Name Charles E. Heims 13. Birthplace Frederick County Maryland	Due to	
14. Maiden name Stella Castle 15. Birthplace Frederick County Maryland Frederick County Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)	
16. informant Lawrence R. Wilcom- Husband Address Urbana- Maryland		
Burial Date thereof March 12-1948 (Burial, crambles, removed, Which?) Cemetery or seemstery Mount Olivet Cemetery		
Location Frederick, Maryland 18. Funerat director C.E. Cline and Son	Injured at home, tarm, Industry, public place (where?)	
Address Frederick, Maryland 19 1 March 19 4 Eliabetta & Hack	23. SIGNATURE D. or other	



h. H. J. Klein

MARGIN RESERVED FOR BINDING

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

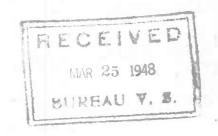
02814

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DEATH: County Frederick City or town. Thurmont (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? II Years Hospital, institution, or street address where death occurred:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick		

			tURAL and give nearest town)	Mass min a wit		
			j	City or town (If outside city or town limits 308 East Mai	, write RURAL and give ne	arest town)
			l:			
				(If rural, give	LOCATION)	
How long In hospital or	institution?			2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME		lla E	. Williard.		3. (b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	THT .	idowed		, I948	IO. P:
6.(b) Name of husband	or wife Char	eles E	l. A. Williard	21. I CERTIFY that death occurred on the date abo	ove stated; that I altended dec	eased trom
			- N 14 - H	19.3	37 10 Mars 19	19.74.8
7. Birth date of			e) If alive, give ageyears	and that f last saw h. Aalive on	19	18H.S.
deceased (mo., day, y		st 9,		Immediate cause of death		
8. AGE: Years		Days	If less than one day	Lambal throubs		1 day
81	7	IO	hrsmln.			0
Sa Sa	billasvi	11e,	Fred'k Co., Md	Busto Cembral Orten	i ozcleronia	2900.
9. Birthplace	(IOWII,	country, and	itate)	DUC (U		0
10. Usual occupation	House	Work			***************************************	***
11. Industry or business				Due to	***************************************	***************************************
≪I .T	ohn McCl	ain	***************************************		***************************************	***************************************
王 12. Name	abillasv	1116.	Md.	Other conditions	•••••	
13. Birthplace	Eli-o	h = A la	Wantanholzan	(Include pregnancy within 3 m	months of death)	
量 14. Maiden name	ETIZA	peru.	Wertenbaker.			
14. Maiden name 15. Birthplace	Sabil	lasvi	ile, Ma.	Major findings of operations		
18. Informant Mrs. John M. Weddle						
			<u>euu re</u>	PHYSICIAN: Please noderline the caose to which death should be charged statistically.		
Hadicas	hurmont,		•			
Buria	or removal, Which?	Note ther	eot Mar. 22, 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external cau		
(Burial, cremation,	or removal. Which?) vale thei	(month) (day) (year)			
Cemetery or crematory. Blue Ridge Cemetery			e Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location Thurmont, Md.			•	Injured al home, farm, Industry, public place (wi		
18. Funeral director M. L. Creager & Son			r & Son	Msans of Injury	injured at work?	
	Thurmon			A	90	
Address			. 0 - /	23. SIGNATURE Selevan A Jan	/h	
19 May 22 1948 Blanche & Eyler Registrar				Address Thurwant	1	or other 3/2 /48



VS-A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

02816

CERTIFICATE OF DEATH

Reg. Dist. No. 13

County	State County County City or town limits, write RURAL and give nearest town) Street Mo. (If rural, give LOCATION) 2.(a) it reteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, willowed, or diversed	MEDICAL CERTIFICATION
Lemole white urdered	20. DATE DE DEATH Mar 1 \$ 1948 at 7, 30 Am
6.(b) Name of husband or the John Wissen Clea GJ 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19. 4. 10. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8. AGE: Years Months Days If less than one day 90 4 5hrsmin.	Immediate cause of death 1 resser - Overne Garyo Parenelynataus rephretio
9. Birthplace Fudency Fidency and state) 10. Usual occupation Annual State (10 Win County, and state)	Due to Carelan
11. Industry or business	Due to
12. Name Philip School 13. 8irthplace Hermany	Other cooditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
\$ 15. 8irthplace dermany	Date of op.
18. Informant Jales Boyel	Autopsy results
Address 17. Bate thereof Bate thereof (mpnth) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or exemptors 2007 Clinif	Where did injury occur?
Location Fudury Mg	Injured at home, farm, industry, public place (where?)
18. Funeral director. Heavy 2. Coasty Cas	Means of Injury Injured at work?
19. 12 March 19.48 Elizabeth y Heck. (Date red d by registrar) Registrar	23. SIGNATURE BORNATURE M. D. or other Address Tradicult Dd Bate signed 7/4/4 S

RECEIVED

MAR 17 1948

BUREAU Y. S.